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Model Plan  
METROPOLITAN AREA  
EMERGENCY  
HEALTH SERVICE

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Model Plan  
METROPOLITAN AREA  
EMERGENCY  
HEALTH SERVICE

U.S. DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
Public Health Service

Division of Health Mobilization

1968



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## FOREWORD

The plan contained in this book is a model drawn up to demonstrate how a metropolitan area in the United States might prepare to provide emergency health services in a disaster. The area described--Cape Cameron--is a hypothetical Standard Metropolitan Statistical Area. There are in the United States more than 231 Standard Metropolitan Statistical Areas (SMSA's), so classified because each is an integrated social and economic unit with a recognized large population nucleus. Nearly 85 percent of the Nation's population live in these areas.

Because an SMSA can comprise various towns, cities, and counties, government in a metropolitan area is fragmented, with no single government administering to the common interests of the entire SMSA. This model Emergency Health Service Plan for the Cape Cameron Metropolitan Area assumes ideal cooperation for civil defense operations among all the cities, towns, and counties of the metropolitan area, although this will not always be the case in actual planning. Two or more governments of an SMSA may agree upon joint action in areas of special interest, but complete agreement and unified action on all issues of area-wide importance is seldom achieved. When a single plan for civil defense operations is unattainable, the independent emergency health service plans of each governmental unit need to be closely coordinated. Only in this way can effective health services be provided during conditions of severe need when some of the resources normally available may have been destroyed.

It must be stressed, however, that this plan is a model which, although it may be used as a pattern, cannot be duplicated. The differences among metropolitan areas are many and great, and State emergency health operations and resource management plans are not uniform. This is a way to plan, not the only way.

By illustrating some of the types of emergency procedures and documents which could be developed in advance to meet emergency preparedness needs, this plan suggests a procedure and invites initiative and cooperation on the part of all officials who are responsible for emergency health activities throughout a metropolitan area. Most often these are physician health officers who are legally responsible for community health. In some localities, however, the head of the local medical society or some other respected physician may be officially assigned responsibility for planning and, in an emergency, directing comprehensive emergency health activities.

When the time for planning is past and the time for action is at hand, it is easier to scale down a grand plan than to improvise on a meagre one. On that theory, this sample plan is made for post-nuclear-attack operations. Only then will there be need to provide health services under conditions of prolonged fallout-shelter living. Only then will there be authority to take essential control measures when help from other quarters may be scant and long-delayed. In lesser emergencies, ranging from civil disturbances to local disaster, where there are mass casualties or extraordinary health hazards, such a plan can be activated to the extent necessary. The organization, assignments, capability for centralized coordination and direction, and policies and procedures will already have been prepared.

This model plan is based on and consistent with guidance published by the Public Health Service and the Office of Civil Defense. Publications used in formulating the plan are as follows:

Model Local Government Emergency Plan for Montgomery County, Maryland (OCD Prototype, 1964)

Model State Emergency Health Service Plan (PHSP 1071-A-5)

Community Emergency Health Manpower Planning (PHSP 1071-I-1)

Community Emergency Health Preparedness (PHSP 1071-A-2)

Health Materiel and Facilities Planning Guide for Emergency Management (PHSP 1071-A-4)

Hospital Planning for National Disaster (PHSP 1071-G-1)

PHS Health Mobilization Program Representatives assigned to most States and to all Health, Education, and Welfare Regional Offices are available for consultation, advice, and assistance in translating this model plan into an effective emergency operations plan, tailored to the unique needs and existing capabilities of each metropolitan area.

## CAPE CAMERON METROPOLITAN AREA--A DESCRIPTION

This plan outlines a course of action for an SMSA during disaster. It is for a hypothetical SMSA consisting of a central city called Cape Cameron and four counties, all within the same State. The SMSA of the model plan has a total population of 1,730,000 of whom 940,000 live in Cape Cameron. As a measure of health resources distribution, the central city has 7,450 of the area's 8,180 hospital beds and 3,100 of its 3,500 physicians.

The city of Cape Cameron is in a high risk area. If it is not a target for nuclear attack, it will probably receive fallout, as will most of the area. If undamaged by blast, it may expect to become a reception center for refugees from either or both of two larger potential target SMSA's whose central cities are within a 60-mile radius of it.

The Cape Cameron Metropolitan Area has had experience with intergovernmental agreements for the provision of such services as water supply, sanitation, and police protection. Some of the agreements are between two jurisdictions; others are among three or more. The chief elected officials of the local governments have formed a Metropolitan Council of Governments, and this Council created and enacted the necessary ordinances to establish a Metropolitan Area Civil Defense Administration. The Administration Director was authorized to plan and, postattack, under Council direction, coordinate area-wide civil defense operations, including management of resources.

Cape Cameron's Emergency Health Service Plan is the health annex to the Metropolitan Area's Civil Defense Plan. It represents one of the many activities to be coordinated by the Civil Defense Director and demonstrates the need for his assistance in obtaining numerous supporting services essential for the delivery of emergency health services. It also demonstrates the organizational mechanism for pooling the remaining resources of the several jurisdictions to meet the needs of the surviving population.

EMERGENCY HEALTH SERVICE PLAN  
CAPE CAMERON METROPOLITAN AREA

EMERGENCY HEALTH SERVICE PLAN  
CAPE CAMERON METROPOLITAN AREA

I. INTRODUCTION

In recognition of our joint obligation to provide medical care and public health services to the Metropolitan Area survivors of nuclear attack, we, the health officers of Cape Cameron and of Norah, Ruth, Joyce, and Grace Counties, have prepared this Emergency Health Service Plan as an annex to the Cape Cameron Metropolitan Civil Defense Plan. An Advisory Committee representing medicine, dentistry, nursing, Red Cross, public health, veterinary medicine, pharmacy, hospital administration, bloodbanks, optometry, podiatry, and producers, wholesalers, and retailers of health end-items assisted in its development.

If Cape Cameron is damaged by blast effects or fire, the number of casualties and attendant health hazards will severely tax remaining area resources and capabilities. If the Metropolitan Area escapes damage, it is still vulnerable to fallout and may expect to receive refugees--both sick and well--from hard-hit areas. In either event, we must unite our efforts and effect every saving in manpower, supplies, equipment, and facilities to care for the sick and injured, protect the public health, and contribute our share to national survival and recovery.

This plan includes and implements Federal and State policies and procedures and is coordinated with the emergency operating plans of other government agencies of Metropolitan Area government whose emergency missions relate to health. Specifically, the plan

- prescribes the emergency organization, functions, staffing, and regulations governing the provision of health services, control of health resources, and procurement of supporting goods and services;
- designates the Cape Cameron Health Officer as Chief of the Emergency Health Service, and
- provides for maintaining and improving the Metropolitan Area state of readiness to conduct emergency health activities.

In the event of local emergency, as contrasted to national disaster, this plan or portions of it can be activated to the extent required.

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January 15, 1968

## II. ORGANIZATION AND ADMINISTRATION

### A. GENERAL

Five jurisdictions administer governmental health activities affecting metropolitan area citizens. Inpatient hospital, private physician and dentist, and other professional health services and health supply and distribution activities are normally carried on outside the scope of government but within applicable local, State, and Federal regulations. All five health departments will restructure their organizations to complement the Cape Cameron Metropolitan Area Emergency Health Service (CCMA-EHS), from which they will receive direction and coordination. The health departments of these five counties will then operate as a unit able to assume the extraordinary responsibility for the centralized management of health services and resources, and to deal effectively with health problems resulting from a large scale disaster or the effects of a thermonuclear weapons attack. The emergency organization will be expanded by the appointment of health professionals as government officials. Its primary mission will be to provide essential health services to survivors of a major disaster including nuclear attack. All programs not directly contributing to that end will be modified or suspended.

### B. ACTIVATION

The EHS shall be activated as part of the Cape Cameron Metropolitan Area Civil Defense Administration upon:

1. Attack on the United States,
2. Presidential or Congressional declaration of a national civil defense emergency,
3. Direction by the Governor, or
4. Direction by the Chief Executive of the Metropolitan Council of Governments.

Under conditions of localized disaster, the EHS shall be activated to the extent required.

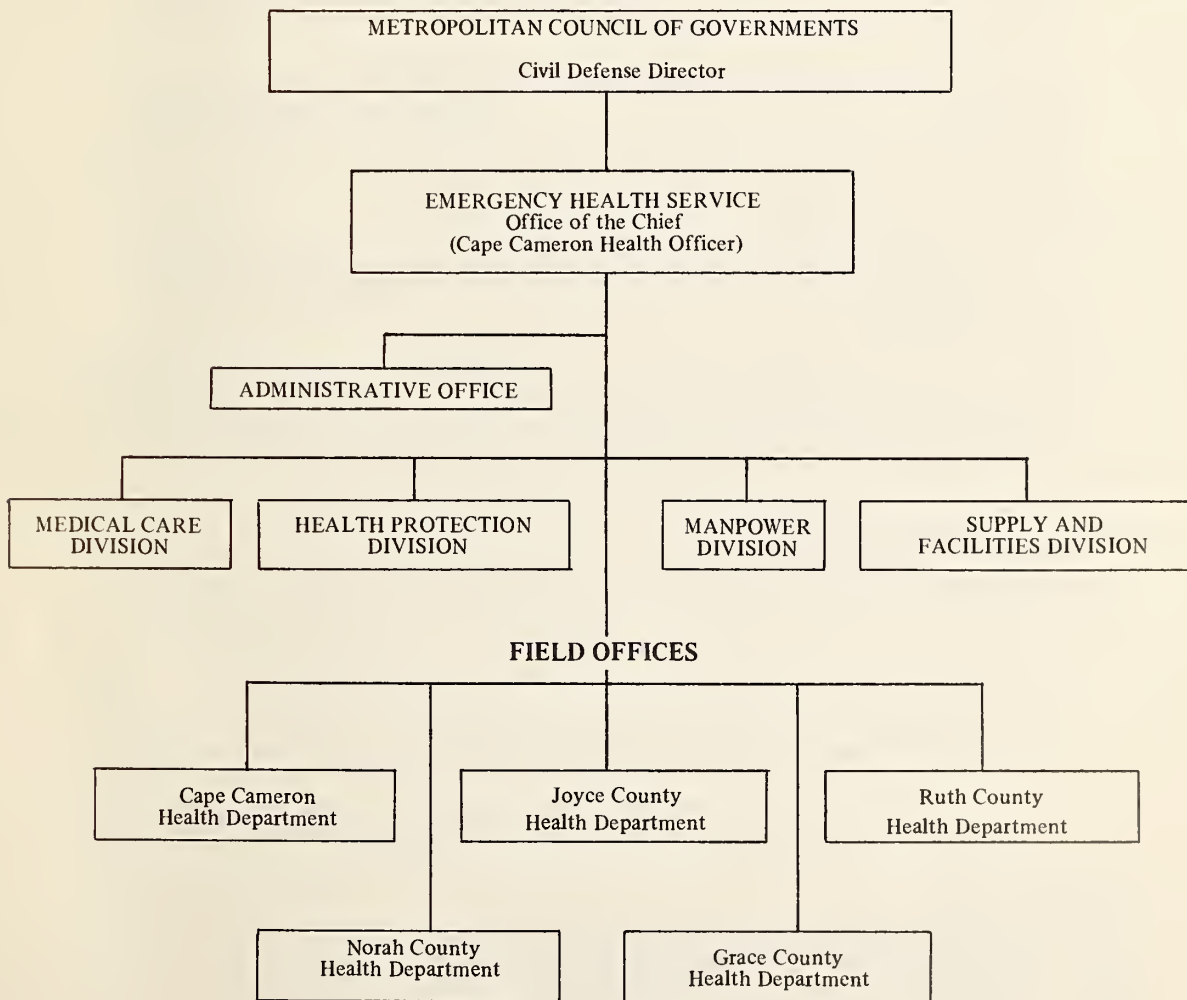
### C. RELOCATION

1. Metropolitan Area Civil Defense Emergency Operating Center (EOC). Assuming that Cape Cameron Municipal Office Building is in a high risk location, city officials will relocate to a protected site at the Grace County Courthouse. (The telephone number is 486-3297; radio call letters are XXX-X.) There, together with officials of the four counties comprising the CCMA, they will direct civil defense operations. According to the CCMA Civil Defense Plan, the Cape Cameron Health Officer, as EHS Chief, and two EHS staff members will relocate to the EOC upon notification of an Increase-Readiness Condition. They shall advise government officials on health conditions, determine policies to protect health and provide medical care, and act as liaison with other civil defense services during the shelter period. A physician and nurse are preassigned to provide health care to all EOC relocatees. (Under conditions of lesser emergency, the EOC located in the Cape Cameron Municipal Building will be used.)
2. CCMA-EHS Control Center. The EHS Control Center is established at Norah County Central Library located at Spring and Valley Roads. (The telephone number is 474-5281; radio call letters are XXX-X.) The building is 20 miles from the Cape

Cameron city limits and is estimated to be resistant to a blast overpressure of 3 psi. The underground fallout shelter area designated for EHS use has a rated capacity of 100 persons and provides a protection factor of 100. It is stocked with food, water, and medical and sanitation supplies for two weeks of rated shelter occupancy and has an emergency generator in case of local electric service failure. Reserved operating space has been equipped with a two-way short-wave radio to ensure communication capability with the EOC, all health departments, hospitals, and radio-equipped health department vehicles and ambulances in the metropolitan area. In lesser emergencies, the communications centers maintained in the city and county health departments will serve as control centers, with coordination by the Cape Cameron Health Officer. During an Increase-Readiness Condition, 50 EHS assignees shall relocate to this site. (Fifty spaces are reserved for library personnel.) If the Cape Cameron or any County Health Departments are damaged or destroyed, additional EHS assignees and surviving health department employees shall report to the Control Center for duty when radiation fallout levels permit.

**D. EHS ORGANIZATION**

In the immediate postattack period, the EHS shall be reorganized as shown in the diagram below. Operative health departments shall become EHS field offices, their activities being directed and coordinated through the Office of the Chief, EHS.



### III. FUNCTIONS

\*See  
Document  
No.

#### A. OFFICE OF THE CHIEF

1. Keeps the Metropolitan Council, the Civil Defense Director, and the State EHS informed of the health care situation, the medical care workload, and health and supporting resources available and required.
2. Evaluates radiation levels from a health position and advises on feasibility and extent of permissible personal exposure in initiation and conduct of all types of emergency operations.
3. Implements State EHS policies; establishes local policies, and evaluates the overall program.
4. Determines and directs the most effective actions to provide medical care and health protection, controls and manages available health manpower, facilities, and supplies and equipment; coordinates resupply activities.
5. Issues, through the Civil Defense Information Office, public announcements pertaining to health hazards, protection, and treatment, and health policies of public concern.
6. Directs and coordinates activities of the county health departments as field offices of the CCMA-EHS, with counterpart organization and functions.

CEAD's  
7-7.e.

All  
CEAD's

#### B. ADMINISTRATIVE OFFICE

1. Provides administrative, personnel, fiscal, communications, and other office services.
2. Prepares vital statistics records from copies of admission and disposition records received from medical care units and burial records received from Mortuary Services.

#### C. MEDICAL CARE DIVISION

##### 1. Office of the Chief

- a. Establishes criteria and priority of medical care and treatment.
- b. Provides special advice on treatment of radiation sickness.
- c. Controls and coordinates the operation of all medical care units.

\*Document Code:

S - Supplement to Plan, a Readiness Document

SEAD - State Emergency Action Document

CEAD - CCMA Emergency Action Document



- d. Coordinates with the Health Protection Division on joint actions (e.g., provision of environmental services to hospitals and other medical care units, collaboration between clinical and public health laboratories, exchange of information concerning possible disease epidemics or the presence of chemical, radiological, or biological warfare agents).
- e. Keeps Manpower and Supply Facilities Divisions informed of availability of and requirements for health resources and supporting goods and services. Directs the distribution of resources allocated for medical care activities.

## 2. Hospital Branch

- a. Coordinates operations of all bed care facilities.
- b. Orders expansion of bed capacities and the setting-up and operation of Packaged Disaster Hospitals.
- c. Orders relocation of permanent hospitals and Packaged Disaster Hospital units if necessary.
- d. Directs the distribution (or redistribution) of patients, staff, and supplies.
- e. Provides policy on use of medical supplies, equipment, and facilities in short supply.

## 3. Field Unit Branch

- a. Establishes on-site casualty management units for collection, first aid, sorting, and transportation of casualties.
- b. Establishes and coordinates the operation of non-hospital-based outpatient clinics, blood banks and blood-collecting units, and clinical laboratories; changes their locations and de-activates them to accomplish overall efficiency of operations.
- c. Coordinates with the Hospital Branch to control the distribution among bed care facilities of patients requiring hospitalization.

## D. HEALTH PROTECTION DIVISION

### 1. Office of the Chief

- a. Controls and coordinates the operations of all health protection activities and orders corrective or preventive actions to counter-act existing or threatened health hazards.

- b. Advises Chief, Engineering Service, concerning the provision of potable water and disposal of wastes, and the Chief, Mortuary Service, concerning sanitary aspects of the disposal of the dead.
- c. Coordinates with the Chief, Medical Care Division, on joint medical public health actions.
- d. Keeps the Manpower and Supply and Facilities Divisions informed of the availability of and requirements for health resources and supporting goods and services. Directs the distribution of resources made available for health protection activities.
- e. Performs foreign quarantine inspection and isolation functions in the absence of Federal capability.
- f. Provides policy and guidance to radiological monitors on health aspects of radiation.
- g. Establishes nutrition criteria for the general public and special groups.

## 2. Environmental Health Branch

- a. Activates and directs the operations of public health field teams to make on-site investigations and inspections and to perform or arrange for necessary actions where damage to facilities, movement of people, overcrowding, or other conditions which create or threaten environmental health problems.
- b. Coordinates with the Communicable Disease Branch to ensure that the teams perform the necessary functions in furtherance of communicable disease control and with the Public Health Laboratory Branch for necessary services.

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## 3. Communicable Disease Branch

- a. Evaluates all data obtained concerning actual or threatened epidemics and decides on control measures.
- b. Arranges for necessary assistance and provides technical direction to public health field teams in performance of communicable disease investigative or control services.
- c. Arranges for necessary services from the Public Health Laboratory Branch.
- d. Arranges, through the Division Chief, for assistance of medical field units, if needed to carry out control measures.

4. Public Health Laboratory Branch

- a. Expands operations of the Public Health Laboratory and converts predesignated laboratories to public health functions.
- b. May work reciprocally with clinical laboratories by inter-Divisional arrangement.
- c. If necessary, re-establishes destroyed Public Health Laboratory.

E. HEALTH MANPOWER DIVISION

1. Keeps the EHS Chief and the State EHS informed of availability of and requirements for health and supporting manpower.
2. As directed, effects distribution or redistribution of health manpower among operating units.
3. Interprets and implements State and Federal policies pertaining to health manpower.
4. Maintains liaison with the local manpower agency for assistance in procuring health and supporting manpower, indicating referral priorities established by EHS Division Chiefs.
5. Provides guidance and assistance in reinstatement of EHS training activities.

CEAD 7.a.

F. SUPPLY AND FACILITIES DIVISION

1. Provides guidance to health item retailer and a wholesaler on application of governmental policy and regulations controlling distribution of inventories to the general public and to health services.
2. Controls distribution of State and Federal supplies and equipment made available to the CCMA-EHS.
3. Coordinates and assists in maintaining a distribution system for health supplies and equipment to serve the needs of the public and health services.
4. Establishes liaison with agencies which manage supporting supplies, equipment, or services required for health operations and keeps them informed of priorities established by EHS Division Chiefs.
5. Implements State policies and issues local standards on the conservation, salvage, destruction, reissue, and storage of inventories of health supplies and equipment.

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CEAD's  
2.a., d.  
3a, b.

6. Analyzes attack information and reports to the EHS Chief capacity and availability of health facilities by location and type.
7. Interprets medical and health care policies and provides guidance to the health supply and material distribution managers of the community.
8. Insures that State and Federal hospitals are provided the necessary health and supporting resources while these hospitals are operating in support of the Metropolitan Area.
9. Prepares and submits time-phased estimates of requirements for health supplies and equipment, facilities to the State EHS and estimates of and supporting supplies and services to appropriate CCMA controlling agencies.
10. Maintains current lists of essential health facilities for information of appropriate resource managers.
11. Maintains data on secondary inventories of health resources by points of location and average inventories held in terms of days of supply.

CEAD's  
7.c., d.

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#### IV. READINESS ACTIONS

The following actions enhance the Metropolitan Area's survival capability and ensure currency of and automatic response to the Plan.

##### A. NORMAL SITUATION

1. To enhance the Metropolitan Area's survival capability:
  - a. Medical Self-Help and First Aid courses continue to be conducted.
  - b. Fifteen Packaged Disaster Hospitals have been pre-positioned.
  - c. Hospitals are securing Hospital Reserve Disaster Inventory (HRDI) units. (In 15 hospitals as of this date).
  - d. Additional bulk emergency health supplies have been purchased and stockpiled.
2. To ensure automatic response to the Plan:
  - a. Key categories of health personnel have received emergency assignments. Some are assigned to public fallout shelters to provide medical care until organized services can be resumed.
  - b. Emergency missions have been assigned to health facilities and activities. The Plan has been pre-positioned with administrators

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S4.a.

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of these facilities and activities so that they may convert to emergency operations without additional authorization or instruction.

- c. Emergency regulations governing the purchase, sale, and distribution of medicines and other health supplies and equipment are pre-positioned with wholesalers, retailers, and essential health facilities. Recipients maintain the Plan with all subsequent additions and revisions.

3. To ensure currency of the Plan and operational readiness:

- a. Each County Health Officer maintains for his normal jurisdiction:

- 1. The county health communications center,
- 2. Current basic data on the location and inventories of health and water resources, and
- 3. Roster of EHS Field Office assignments.

- b. The Cape Cameron Health Officer maintains:

- 1. The EHS Control Center and the city health communications center,
- 2. Current information on and implementation of Federal and State policies, laws, and regulations pertaining to health services,
- 3. Consolidated data on metropolitan area health and water resources,
- 4. Consolidated health manpower inventory and assignment files,
- 5. Designation of Civil Defense Narcotics Procurement Officers,
- 6. EHS alerting system,
- 7. Formal agreements and working relationships with assisting agencies and professional organizations,
- 8. Collection and pre-positioning of vital operating records, including health resources data,
- 9. Periodic training and orientation of EHS assignees in disaster procedures and emergency duties,

- 10. Preparation and distribution of additional or revised material.

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B. INCREASE-READINESS CONDITION

During a period of increased international tension, and upon instruction from the Metropolitan Council of Governments or the Civil Defense Director as its agent, the Cape Cameron Health Officer shall:

1. Review and prepare to activate the CCMA-EHS Plan.
2. Assure the shelter and operational readiness of the EHS Control Center and test alternate communications systems.
3. Initiate the EHS alerting system and, as directed, order relocation to preassigned emergency sites.
4. Notify health care facilities to prepare to activate their disaster plans, including:
  - a. preparation to move patients and staff to shelter areas,
  - b. operational readiness of radiological monitoring equipment and personnel trained in its use,
  - c. cancellation of employee leave,
  - d. alerting of staff and emergency assignees and accelerated training in disaster duties,
  - e. increasing bed capacity by discharge of patients who can safely go home and preparation of predesignated space and equipment for additional beds and treatment areas,
  - f. review of PDH utilization plans,
  - g. assessment of additional manpower and supply needs.
5. Conduct conferences for professional health personnel in disaster health/medical care, stressing such departures from normal care as sorting of patients (triage), environmental effects of nuclear radiation, treatment of radiation illness, need for stringent public health measures in the postattack environment to prevent communicable disease outbreaks, and best utilization of health manpower and supplies.
6. Commence procurement of manpower and supplies for needs identified in any of the steps taken above.
7. Issue, in conjunction with the Civil Defense Information Officer, mobilization call for all unassigned health personnel and public announcements on emergency sanitation requirements, need to provide own special medications during the shelter period, and availability of accelerated Medical Self-Help and related courses.

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## V. SUPPLEMENTS

CCMA-EHS STAFFING TABLE

Organizational Unit	Position Title	Assignee
A. Office of the Chief	<ol style="list-style-type: none"> <li>1. *Chief (Cape Cameron Health Officer) - Order of Succession -               <ol style="list-style-type: none"> <li>a. Deputy Chief</li> <li>b. Chief, Medical Care Div.</li> <li>c. Chief, Health Prot. Div.</li> </ol> </li> <li>2. +Deputy Chief</li> <li>3. +Public Information Officer</li> <li>4. +Secretary</li> <li>5. +Clerk - typist</li> </ol>	
B. Administrative Office	<ol style="list-style-type: none"> <li>1. +Administrative Officer</li> <li>2. +Assistant Administrative Officer</li> <li>3. +Fiscal Officer</li> <li>4. +Personnel Officer</li> <li>5. +Officer Services Officer</li> <li>6. Vital Statistics Officer</li> <li>7. +Clerical Assistant</li> <li>8.        "</li> <li>9.        "</li> <li>10.       "</li> </ol>	
C. Medical Care Division	<ol style="list-style-type: none"> <li>1. +Chief</li> <li>2. *Deputy Chief</li> <li>3. +Nursing Consultant</li> <li>4. +Chief, Hospital Branch</li> <li>5. +Assistant Chief, Hospital Branch</li> <li>6. +Chief, Field Unit Branch</li> <li>7. +Asst. Chief, Field Unit Branch</li> <li>8. +Radiological Consultant</li> <li>9. +Clerical Assistant</li> <li>10. +       "</li> <li>11. +       "</li> <li>12.        "</li> <li>13.        "</li> <li>14.        "</li> </ol>	
E. Health Protection Division	<ol style="list-style-type: none"> <li>1. +Chief</li> <li>2. *Deputy Chief</li> <li>3. +Food and Drug Inspector Consultant</li> <li>4. +Radiological Health Consultant</li> <li>5. +Chief, Environmental Health Branch</li> <li>6. +Asst. Chief, Env. Health Branch</li> <li>7. +Sanitary Engineer</li> <li>8. +Sanitarian</li> <li>9. +Public Health Nurse</li> </ol>	



Organizational Unit	Position Title	Assignee
	10. +Chief, Communicable Disease Branch 11. +Asst. Chief C.D. Branch 12. +Epidemiologist 13. +Chief, Public Health Laboratories Br. 14. +Asst. Chief, P.H. Lab. Branch 15. +Bacteriologist 16. +Nutritionist 17. +        " 18. +        " 19.         " 20.         " 21.         "	
F. Manpower Division	1. +Chief 2. +Deputy Chief 3. +Manpower Statistician 4. Manpower Liaison Officer 5. +Placement Control Officer 6. Health Educator 7. +Clerical Assistant 8. +        " 9.         " 10.        " 11.        "	
G. Supply and Facilities Division	1. +Chief 2. +Deputy Chief 3. Producer and Wholesaler Consultant 4. +Pharmacist Consultant 5. +Transportation Consultant 6. Construction Materials Consultant 7. Utilities Consultant 8. +Communications Consultant 9. +Statistician 10. +Clerical Assistant 11. +        " 12.         " 13.         " 14.         "	

\* Relocates to Metropolitan Area Civil Defense Emergency Operating Center (3 spaces)

+ Relocates to EHS Control Center (50 spaces)

CCMA-EHS ALERTING SYSTEM

ALERTING PROCEDURE

1. Upon receipt of an "Increase-Readiness" notice, the Cape Cameron Health Officer immediately initiates the alerting call-down system, relaying the message verbatim to the personnel listed immediately to the right of his name on the alerting diagram.
2. In turn, each employee receiving the message relays it to persons named.
3. The first number is the office extension; the second is the home phone number.
4. If an employee cannot be contacted, the caller must make the additional calls. THE CHAIN MUST NOT BE BROKEN.

PREPAREDNESS ACTIONS

Upon receipt of an "Increase-Readiness" message, each designated relocatee shall immediately:

1. Stand by for subsequent alert calls.
2. Curtail travel and leave.
3. Leave telephone number where he can be reached when he must be away from office or home.
4. Test and rehearse his family survival plan.
5. Prepare for relocation.

MAINTENANCE OF ALERTING DIAGRAM

1. Carry the attached card in your wallet.
2. If there is any change in your phone numbers, immediately inform the Cape Cameron Health Office and the person who would call you.
3. Discard old card upon receipt of one with revised diagram.

	Mitchell	B. Jones	235	FR27890
	131 OL27894	Terwilliger	12	OL23462
		Bolton	111	PL43270
Medford	Pulaski	Francesci	33	RE16396
10 JO77623	27 QU55798	J. Evans	97	CO84057
		Keller	127	FA14739
	Fiero	Bradshaw	17	RE85933
		Cameron	32	CR99952
		Zimmerman	19	MO65228

REVISED 3/12/68

## CCMA-EHS VITAL OPERATING RECORDS

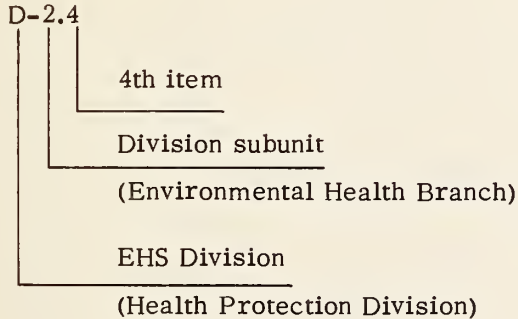
Responsibility

Vital record and reference material for emergency health operations are pre-positioned and maintained by the Cape Cameron Health Department Administrative Officer at the CCMA Civil Defense Operating Center and at the EHS Control Center. Each EHS Division Chief is responsible for reviewing the records inventory and adding new or revised material.

Classification

Each record item is classified and filed according to the letter and number of the CCMA-EHS section by which it will be used. Following the outline of functions performed by sections of the CCMA-EHS (Pp. 8 to 11 ), a vital operating record to be used by the Environmental Health Branch of the Health Protection Division would be classified "D-2" and numbered according to the order in which it is filed. Thus, the fourth vital operating record filed for that division and section would be classified "D-2.4".

Example:

Inventory

- A-1.1 State EHS Plan (1966) (10 copies)
- A-1.2 State Civil Defense Plan (1965)
- A-1.3 State Plan for Emergency Management of Resources (5 copies)
- A-1.4 CCMA Civil Defense Plan (10 copies)
- B-1.1 Fiscal records, City and Counties Health Departments
- B-1.2 Personnel records, City and Counties Health Departments
- C-1.1 Mass Casualties - Principles Involved in Management (Assoc. Military Surgeons)
- C-1.2 Emergency War Surgery (NATO)
- C-1.3 Medical Aspects of Radiation Accidents - A Handbook (AEC)
- C-1.4 Treatment of Radiation Injury (NAC-NRC)

## Inventory

- C-1.5 Treatment of Mass Casualties in a National Emergency (PHS)
- C-1.6 Medical, Sanitation, Food, and Water Supplies in Public Fallout Shelters (Federal Civil Defense Guide, Part D, Chapter 2, Appendix 1, Description, Storage, and Handling of Public Shelter Supplies and Equipment)
- D-1.1 Civil Defense Information for Food and Drug Officials (FDA)
- D-2.1 Exposure to Radiation in an Emergency (Nat'l. Comm. on Radiation Reduction and Measurements)
- D-2.2 Procedures for Determination of Stable Elements and Radionuclides in Environmental Samples (PHS)
- D-3.1 Control of Communicable Diseases in Man (APHA)
- E-1.1 Role of the Veterinarian in National Disaster (PHS)
- E-1.2 Role of the Dentist in National Disaster (PHS)
- E-1.3 Role of the Pharmacist in National Disaster (PHS)
- E-1.4 Role of the Nurse in National Disaster (PHS)
- E-1.5 Role of the Optometrist in National Disaster (PHS)
- E-1.6 Roster of Manpower Officials in CCMA
- E-1.7 Roster of Personnel Officials at Health Facilities
- F-1.1 Contracts for Use of Non-Health Buildings in National Emergency
- F-1.2 Modern Drug Encyclopedia
- F-1.3 The Merck Index
- F-1.4 Remington's Practice of Pharmacy
- F-1.5 Maps and Templates for Damage Assessment
- F-1.6 Chemical Week - Buyer's Guide Issue
- F-1.7 Effects of Nuclear Weapons
- F-1.8 List of Essential Survival Items (DMO 8500.1A, OEP)
- F-1.9 Directory of officials controlling supporting goods and services: Civil Defense, Police, Fire, Mortuary, Engineering, Welfare, Communications, Transportation, Supply

RESOURCE INVENTORIES

LIST A PACKAGED DISASTER HOSPITALS

Storage location	Custodian - Tel. No.	Planned operating site	Responsible hospital	Administrator - Tel. No.

LIST B BULK EMERGENCY MEDICAL SUPPLIES (Federal, State, or CCMA government depots)

Type Custodian - Tel. No.

LIST C LABORATORIES (Clinical, medical school, State and local health departments, large hospitals)

Type of service	Name and address	Administrator - Tel. No.

LIST D OTHER HEALTH FACILITIES (Clinics, rehabilitation centers, public health centers)

Type of service	Name and address	Administrator - Tel. No.	Normal patient capacity

LIST E BLOODBANKING FACILITIES (Red Cross, AABB)

Name and address	Administrator - Tel. No.	Other data

LIST F HEALTH END-ITEM PRODUCERS (Pharmaceutical items; biological, chemical, and botanical drug items; medical and surgical instruments and apparatus; orthopedic, prosthetic, and surgical appliances and supplies)

Name and address	Manager - Tel. No.	Products	Average Inventories (in days)

LIST G HEALTH END-ITEM WHOLESALE AND RETAIL DISTRIBUTORS

Type of business	Name and address	Manager - Tel. No.	Average inventories (in days)

LIST H INPATIENT FACILITIES (Hospitals, nursing homes, sanitariums) (\* shows Hospital Reserve Disaster Inventory unit)

Name and address	Administrator	Communications		Bed capacity		Inventory days		Shelter			
		Tel.	Radio	TWX	Normal	Expanded	Normal	Expanded	Spaces	PF	Days stocked for

LIST I HEALTH MANPOWER OCCUPATIONAL INVENTORY AND ASSIGNMENTS (See Supplement 4.a. for format)

Occupation	Primary assignment	Secondary assignment	Name,	Last	First	MI

LIST J HEALTH PROFESSIONAL SCHOOLS (Medical, osteopathic, nursing, dental, veterinarian, public health, pharmacy, medical technician)

Type of school	Name and address	Dean - Tel. No.	Average enrollment

LIST K PUBLIC UTILITIES - HEALTH RELATED (Water supply, sewerage, solid waste disposal)

Name and address	Manager - Tel. No.

LIST L AMBULANCE COMPANIES

Name and address	Tel. No.	No. of vehicles

## HEALTH MANPOWER INVENTORY AND ASSIGNMENT CONTROL FILE

### A. OCCUPATIONAL INVENTORY FILE

This file is set up by occupational categories and consists of the registration card (Supplement 4.a.1.) and a white insert showing the registrant's occupation, primary and secondary (i.e., day and nighttime) assignments, and name.

The master file is maintained by the EHS Health Manpower Officer designee at the Cape Cameron Health Department. Duplicate files are pre-positioned at the CCMA Emergency Operating Center and at the EHS Control Center. The pre-positioned files are updated quarterly.

PHYSICIANS (100 authorized)			
MD (Intern)	City Hosp.	State TB San., Ruth Co.	Abel, James T.
MD (Surg)	City Hosp.	PHS Hosp.	Barry, Thomas A.
MD (Ob-G)	City Hosp.	Shelter No. 2	Brune, Harry T.
PHYSICIANS (secondary assignments)			
MD (PH)	EHS Control Ctr.	City Hosp.	Atkinson, M.
MD (Path)	VA Hosp., Norah Co.	City Hosp.	Brand
DO (Ped)	St. Ann's	City Hosp.	Davidson, Mark G.

## B. ASSIGNMENT CONTROL FILE

This file is set up by facility on flexible strips showing the same information as the insert for the Occupational File. Yellow strips show primary assignments and blue are used for secondary assignments. The primary assignment file contains strips for the total number of positions authorized by the Advisory Committee for each facility in each key category. Blank strips denote vacancies.

The EHS Manpower Officer designee also maintains the Assignment Control File. He is responsible for notifying the Cape Cameron Health Officer and the Advisory Committee of additions and deletions to the Occupational Inventory File and for making consequent changes in the Assignment Control File. When the file is initially established, each health facility is sent a photocopy of the file of its assigned manpower. Quarterly replacement of the photocopy showing interim additions and deletions will enable each facility to maintain a reasonably current roster of emergency assignees without additional clerical effort.

Upon order to relocate, the EHS Manpower Officer will transfer the Assignment Control Files if time permits.

The diagram illustrates an Assignment Control File as a grid of flexible strips. The grid is organized into three main sections: PHYSICIANS, DENTISTS, and VETERINARIANS. Each section contains a table of assignments. A hand is shown pointing to a specific entry in the Veterinarians section.

PHYSICIANS			
DD (GP)	St. Mary's	Norah Co. Gen.	Aaron, Richard J.
MD (Intern)	City Hosp.	State TB San., Grace Co.	Abel, James T.
MD (Derm)	University	VA Hosp., Ruth Co.	Abraham, Frank J.

DENTISTS			
DDS (Oral S)	VA Hosp., Cape Cameron	City Hosp.	Arthur, Alexander P.
DDS	Shelter No. 4	Madison, Joyce Co.	Axel, Myron G.

VETERINARIANS			
DVM	PH Lab. Cape Cameron	City Hosp.	Abbott, Francis X.
DVM	EHS HP Div.	PH Lab. Ruth Co.	Abbott, Francis X.



## HEALTH MANPOWER REGISTRATION CARD

Having circularized present membership, the area professional societies continue to send the registration card to new members. Upon receipt of the card in the Cape Cameron Health Office, two copies are prepared for pre-positioned files and are kept current by an annual questionnaire.

EMERGENCY HEALTH SERVICE		
1. _____ <b>NAME</b>	5. _____ <b>PROFESSION</b>	
2. _____ <b>HOME ADDRESS AND ZIP CODE</b>	6. _____ <b>SPECIALTY (if applicable)</b>	
3. _____ <b>OFFICE ADDRESS AND ZIP CODE</b>	7. _____ <b>EMPLOYER (if applicable)</b>	
4. _____ <b>DATE OF BIRTH</b>	8. _____ <b>HOSPITAL AFFILIATION(S) (if applicable)</b>	
<b>9. AVAILABILITY</b>		
<input type="checkbox"/> I do not have emergency assignment and will accept one in the EHS		
<input type="checkbox"/> I do have an emergency assignment		
<input type="checkbox"/> In the EHS as _____		
<input type="checkbox"/> Other _____ as _____		
<b>10. Type of Emergency Assignment preferred (check one or more in order of preference)</b>		
<input type="checkbox"/> Administrative	as _____	at _____
<input type="checkbox"/> Medical Care	as _____	at _____
<input type="checkbox"/> Public Health	as _____	at _____
(Over)		

Front

EMERGENCY HEALTH SERVICE (Continued)		
<b>11. MILITARY MEDICAL EXPERIENCE</b>		
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
<b>12. PUBLIC HEALTH EXPERIENCE (if not full-time profession)</b>		
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
<b>13. RESERVE FORCES STATUS (Check one)</b>		
<input type="checkbox"/> None		
<input type="checkbox"/> PHS Commissioned Reserve		
<input type="checkbox"/> Armed Forces Ready Reserve		
<input type="checkbox"/> Armed Forces Standby Reserve		

Back

**EMERGENCY ASSIGNMENT CARD**

The card shown below is sent to the registrant after his assignment has been made by, or with the approval of, the EHS Advisory Committee. A covering letter instructs the registrant to locate public shelters near his home and office and to develop and test a family survival plan which can be carried out in his absence.

<i>John Robert Jones</i>		POLICE: EXPEDITE EMERGENCY TRAVEL
SIGN IN INK ABOVE		ATTACH PHOTO
JOHN ROBERT JONES		
EMERGENCY DUTY:		
DAY: <i>City Hospital</i>		
NIGHT: <i>Newton Hospital</i>		
<i>Bernard Nelson M.D.</i>		<i>4/16/67</i>
CAPE CAMERON HEALTH OFFICER		
EMERGENCY HEALTH SERVICE		
CCMA CIVIL DEFENSE ADMINISTRATION		

Upon alert, go at once to primary assignment (day) or secondary assignment (night).  
 If unable to reach assignment, go to shelter and give health assistance to shelter population.  
 After shelter period if you cannot reach either assignment, report for reassignment to

- (1) The nearest health facility
- (2) To EHS Control Center at Norah County Central Library
- (3) Any County Health Department, or
- (4) The nearest State Employment Office.

**KEEP THIS CARD WITH YOU AT ALL TIMES**

## CIVIL DEFENSE NARCOTIC PROCUREMENT OFFICERS

TO : District Office, Federal Bureau of Narcotics  
 State Health Officer (Chief, State EHS)  
 CCMA Health End-Item Retailers, Distributors, and Producers  
 CDNPO's listed below

FROM : Cape Cameron Health Officer (Chief, CCMA-EHS)

SUBJECT: CIVIL DEFENSE NARCOTIC PROCUREMENT OFFICERS

The following narcotic registrants residing in the Cape Cameron Metropolitan Area and preassigned to the CCMA Emergency Health Service or its field offices are hereby designated as Civil Defense Narcotic Procurement Officers:

Name	Business Address	Registration #
Louis Bonelli	548 Central Street	2976
Wallace N. Springer	684 University Avenue	9643

PURPOSE

The purpose of such designation is to expedite procurement of narcotics for postattack emergency medical care if supplies are unavailable through normal channels.

AUTHORITY

Regulation No. 5, Joint Regulations of the Bureau of Narcotics and the Internal Revenue Service (IRS Publication 428), provides for variation in normal narcotic procurement procedures during a civil defense emergency proclaimed by the President or Congress. Major variations are:

1. Designation as Civil Defense Narcotic Procurement Officers (CDNPO's) of certain persons already registered under Federal narcotic laws. (Registrants are physicians, dentists, veterinarians, pharmacists, retail druggists, wholesalers, and manufacturers who are legally authorized by the Bureau of Narcotics to acquire, prescribe, dispense, distribute, manufacture, or otherwise control the flow of narcotics.)
2. Exemption of the CDNPO from the tax normally paid by him as a registrant. (Exempt status is normally reserved for military officers and Federal, State, or local government officials who--in the exercise of their official duties--acquire, dispense, or handle narcotics but are not required to register or pay the special tax.)
3. Authorization of the CDNPO to use his regular official narcotic order form (irrespective of the class in which registered) to procure narcotics for the use of medical officers in charge of emergency medical activities or facilities for which he acts as narcotics procurement officer. The official narcotics order form prepared in 3 copies shall be marked across the face "Civil Defense Purchase" and signed by the registrant as CDNPO.

The original copy is sent to the supplier and the triplicate copy to the nearest office of the Federal Bureau of Narcotics. The CDNPO retains the duplicate copy, on the reverse side of which shall be noted the name and location of the facility or facilities to which the narcotics are delivered and the signed receipt of the medical officer in charge.

4. Authorization for any registrant who has the required narcotic on hand (irrespective of the class in which he is registered) to fill a Civil Defense Purchase Order. Such orders receive priority.

  
Cape Cameron Health Officer.

MISSION ASSIGNMENTS TO HEALTH FACILITIES

TO : Hospitals and Health Facilities

FROM : Cape Cameron Health Officer

SUBJECT: Mission Assignments

I. HOSPITALS

All hospitals will initially operate as general medical and surgical facilities for mass casualty care. Additional personnel are preassigned to specialty hospitals to enable such operations. As soon as feasible, selected facilities will be converted to specialized treatment centers (e.g. burns, orthopedic, radiation, chronic disease).

II. MEDICAL CLINICS

The following group practice clinics with their staffs and equipment are designated as Emergency Outpatient Clinics. If required, some may be assigned to conduct mass casualty management and for treatment operations either at their present sites or at locations determined postattack by the Chief, CCMA-EHS. Professional staff members have received emergency assignments. The designated Clinic Director is responsible for other staff assignments and for emergency operations.

*Clinic	Clinic Director
James Hardy Medical Center 4401 Spring Road Norah County	Anthony Pitkin, M.D. Room 107 James Hardy Medical Center

III. MEDICAL CENTERS

For the purposes of this document, Medical Centers are office buildings occupied exclusively or largely by medical and allied health practitioners. The following Centers are designated as Emergency Outpatient Clinics. A Director and professional staff has been assigned to each. Occupants of the Centers who have emergency assignments to other services (e.g., hospitals) shall make their staff and equipment available for clinic operations.

*Medical Center	Clinic Director
Ruth County Medical Center 500 Cape Cameron Road Ruth County	Terence Mack, M.D. Room 1107 Ruth County Medical Center

#### IV. LABORATORIES

##### 1. Medical Laboratories

The following laboratories which perform medical or medically related services are designated to provide support for medical care facilities. Staff is considered preassigned for this purpose.

*Laboratory	Laboratory Director
Carson Laboratories 895 Loyal Street Grace County	Theodore Lawrence Room A-15 Carson Laboratories

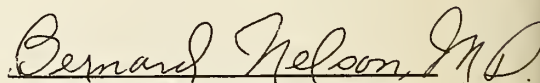
##### 2. Public Health Laboratories

The following laboratories are designated to support environmental health and communicable disease control activities. Staff is considered preassigned for this purpose.

*Laboratory	Laboratory Director
Rex Laboratories 5400 Ridge Road Joyce County	Joseph Carey Room 101 Rex Laboratories

#### V. EXCLUSIONS

Clinics, medical centers and laboratories with health-related capabilities not listed above shall not resume operations postattack. Their personnel will report either to emergency assignments or to the nearest health facility for assignment. Supplies and equipment are to be made available for removal to operating health units as the need develops.

  
Cape Cameron Health Officer  
(Chief CCMA-EHS)

\*Essential Health Facilities. See CCMA-EHS Emergency Action Document 3.b.

## PUBLIC HEALTH FIELD TEAMS

A. FUNCTIONS

Public Health Teams perform any or all of the following functions, as conditions require:

1. Environmental Health Functions

- a. Examine public water supplies and perform field tests, or obtain samples for laboratory test, to detect and identify contaminants.
- b. Arrange for and guide the decontamination of water supplies when necessary.
- c. Advise and assist public water utility personnel in the restoration of their facilities, if these have been damaged or if public water supplies have otherwise been disrupted.
- d. Advise and assist Engineering Service personnel in arranging for the provision of safe water from emergency sources when normal public supplies have been disrupted.
- e. Provide guidance to the public concerning expedient home water treatment, when necessary.
- f. Inspect public sewerage and other waste disposal systems for effective operation and conformance to minimum sanitation standards, and arrange for and guide corrections when necessary.
- g. Inspect bulk food and drug supplies and perform field tests, or obtain samples for laboratory tests, to detect and identify contaminants and to otherwise determine safety.
- h. Arrange for and supervise decontamination of food and drug supplies when feasible, or destruction when appropriate.
- i. Inspect public gathering and billeting places, such as welfare reception centers, for conformance to minimum sanitation standards, and arrange for and oversee corrections when necessary.
- j. Inspect public food serving and food processing establishments for maintenance of minimum sanitation standards, and arrange for and oversee corrections when necessary.
- k. Survey populated areas for the presence of disease vectors, identify vectors, and arrange for and oversee control measures.
- l. Inspect places where there are dead people or animals and guide and assist Mortuary Service and Engineering Service field personnel to ensure disposal of bodies in accordance with disaster sanitation standards.

## 2. Communicable Disease Control Functions

- a. Perform on-site investigations to determine the nature and origin of suspected disease epidemics, poisonings, or other episodes wherein the health of a large group of people is affected or threatened.
- b. In connection with "a.", obtain samples of suspect materials, including water, food, drug, air, and clinical specimens for laboratory analysis.
- c. When a disease epidemic or other widespread health hazard is identified, supervise and assist in preventive and protective measures, including:
  - (1) Establishing quarantines.
  - (2) Administering mass immunizations or mass prophylactic treatments.
  - (3) Providing self-help information to the public.
  - (4) Performing environmental health functions as described under "1." preceding.

### B. PERSONNEL

Team Leaders (preassigned to report to EHS Control Center and to Field Offices; i.e., County Health Departments): sanitary engineers, sanitarians, public health nurses, and veterinarians or dentists with public health experience. Team Members: Health Department employees, pest control operators, or recruits from the labor force.

### C. DIRECTION

Activated, directed by, and report to Chief, Environmental Branch with technical direction, as required, by Chief, Communicable Disease Branch.

### D. SUPPLIES AND EQUIPMENT

1. Civil defense armbands or other official identification.
2. Canteens or water bottles (for personal use).
3. Flashlights.
4. Radiation survey meters, with probes, for monitoring of water, food, and other materials.
5. Personal radiation dosimeters.
6. Field membrane filter kits with filters and media.
7. Chlorine comparators with ph disc and reagents.
8. Collecting bottles for obtaining samples of water or other materials.
9. Swabs, slides, and containers for collecting clinical specimens.

Special chemicals and other supplies for corrective action will be obtained as needed through the Supply Service. Drugs, immunizing agents, and administering equipment, when needed for communicable disease control, will be provided (along with personnel and facilities) by the Medical Care Division.



## VI. EMERGENCY ACTION DOCUMENTS

## POLICIES GOVERNING EMERGENCY HEALTH SERVICE OPERATIONS

TO : All Heads of Local Government, Civil Defense Directors, and Local Health Officers

FROM : Chief, State EHS

SUBJECT: POLICIES GOVERNING EMERGENCY HEALTH SERVICE AND RESOURCE MANAGEMENT OPERATIONS

In the management, coordination, and provision of emergency health services and resources, you are hereby ordered to comply with the following policy directives.

### A. ADMINISTRATION

1. Officially designate and authorize a single official, preferably a public health physician, as responsible for over-all direction and coordination of emergency health services and resources.
2. Immediately suspend the private practice of medicine and all health programs and activities which do not directly and immediately contribute to the saving of lives, prevention of illness, and prevention and control of serious health hazards.
3. Promptly report uncontrollable or unidentifiable communicable disease outbreaks to the State Health Officer.
4. Request health services and resources support and assistance from commanders of local military posts, if any, and request assistance from the State Health Officer only if and when all local sources of supply are nearing depletion and after all reasonable substitutions and improvisations have been employed.

### B. SERVICES

1. In coordinating patient and casualty distribution among hospitals and clinics, include Federal nonmilitary and State medical care installations, if any, and prohibit non-medical criteria for patient admission, (e.g., race, sex, religion, residence, ability to pay).
2. Cancel elective treatment and surgery and limit hospital admissions, during the casualty over-load period, to those whose survival depends upon hospital care.
3. Discharge all inpatients whose survival does not depend upon hospital services.
4. Immediately increase hospital bed capacities and establish all Packaged Disaster Hospitals in anticipation of increased admissions.

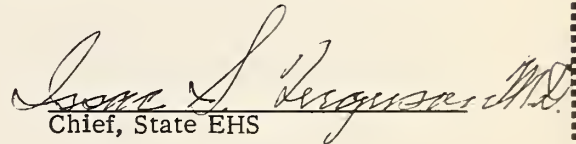
### C. MANPOWER

1. Call all civilian health manpower, including retired, unemployed, unaffiliated, and refugee health manpower, to emergency health service duty at essential health facilities.
2. Promptly release military ready reservists and Public Health Service Commissioned Corps reserve officers ordered to active duty.

D. RESOURCES

1. Utilize, salvage, conserve, and control health resources on the assumption that outside assistance may not be available for as many as 30 postattack days.
2. Preserve and protect Public Health Service Medical Stockpile Depots, and Veterans Administration Medical Supply Depots, if any, until Federally directed distribution is completed.
3. Quarantine, inspect, and decontaminate and salvage, or condemn and destroy, all health and medical supplies exposed to, or suspected of, contamination.
4. Quarantine and inspect all food exposed to or suspected of, contamination and assure that contaminated food is destroyed, or decontaminated and salvaged under guidance of responsible food authorities.
5. Invoke antihoarding regulations and limit essential health facilities to 14-day operating inventories.
6. Distribute retail and wholesale stocks of health and medical supplies and equipment only to essential health facilities and individuals who have been authorized under the provisions of pertinent State and local directives to "certify" their purchase orders for replenishment of inventories and invoke the provisions for the Controlled Distribution of Health End-Items as provided for in State Emergency Health Regulation No. 1.

BY ORDER OF THE GOVERNOR

  
Chief, State EHS

## POLICIES GOVERNING CCMA-EHS OPERATIONS

TO : CCMA Hospitals and Clinics  
CCMA Health End-Item Retailers and Distributors  
CCMA Civil Defense Director

FROM : Chief, Medical Care Division CCMA-EHS

SUBJECT: POLICIES GOVERNING CCMA-EHS OPERATIONS

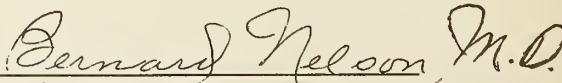
In addition to the policy directives of State EAD 1, the following practices shall be observed in the Cape Cameron Metropolitan Area.

### A. TREATMENT OF THE SICK AND INJURED

1. All treatment activities shall be conducted in hospitals (permanent or Packaged Disaster) and in extra-hospital clinics predesignated in the CCMA-EHS Plan. First-aid or emergency treatment stations will not be established unless specifically so ordered by the Chief, Medical Care Division, CCMA-EHS.
2. During a casualty over-load period, patients shall be initially and continuously sorted for assignment to one of four treatment categories:
  - a. Ambulatory Treatment. Immediate treatment for all patients who have injuries or illness not needing immediate hospitalization and for which outpatient care, home care, or "buddy care" can be given.
  - b. Immediate Treatment. Immediate hospital treatment for persons with relatively minor injuries who cannot be treated on an ambulatory basis and persons with more severe injuries for which relatively simple or brief treatment procedures might prevent prolonged illness, disability, or death.
  - c. Delayed Treatment. For persons with conditions for which treatment may be delayed without immediate jeopardy to life, or with conditions which demand time, equipment, and personnel in quantities not feasible under austere circumstance.
  - d. Expectant Treatment. Simple custodial care only for patients with severe and multiple injuries which need time-consuming and intensive care or those with less severe injuries whose prognosis is poor because of the presence of other illnesses or extreme age.

### B. FEDERAL AND STATE HOSPITALS

The Public Health Service Hospital (Cape Cameron), the Veterans Administration Hospitals (Cape Cameron and Ruth County), and all State hospitals and sanitariums temporarily become local resources and shall be supported by health resources within the Metropolitan Area.

  
Chief, CCMA-EHS

**REGULATION GOVERNING CONTROLLED DISTRIBUTION  
OF HEALTH ITEMS THROUGH RETAIL OUTLETS**

TO : Pharmacists  
Local Health Officer  
Local Civil Defense Officer  
Retail Establishments  
General Public

THROUGH: State Economic Stabilization Agency

FROM : Chief, State EHS

SUBJECT : REGULATION GOVERNING CONTROLLED DISTRIBUTION OF HEALTH ITEMS  
THROUGH RETAIL OUTLETS

PURPOSE

This regulation authorizes and prescribes procedures for the release of health items normally purchased directly from retail outlets for individual use.

DEFINITIONS

"Controlled Distribution" is the dispensing of health items for individual use in those instances in which the denial, or even short delay of availability, could seriously affect the health of the individual or of the community.

"Health end-items are pharmaceuticals, blood collecting and dispensing supplies, biologicals, surgical instruments and supplies, and laboratory instruments and supplies manufactured or packaged for medical, dental, and public health purposes which are in their final usable form." (See DMO 8500.1A, Health Supplies and Equipment attached to SEAD 3).

EFFECTIVE DATE

Immediately upon issuance of a General Freeze Order by the Governor, all health items throughout the State shall be subject to control.

DISPENSING POLICIES

The prescription process will continue to operate in accordance with pertinent provisions of State law.

In the period preceding issuance of Individual Health Item Records by rationing authorities, pharmacists and other professional health personnel will require purchasers of non-prescription drugs to sign an Emergency Health Item Register. On this form the purchaser will certify that the health items are needed for urgent personal or family use and that they do not represent a duplicate purchase for the same individual within the previous 48-hour period.

Upon notification from the Rationing Board that Individual Health Item Records have been issued, this procedure will terminate. Emergency Health Item Registers will be closed out and transmitted immediately to the local EHS.

Commencing at this point of time, control of non-prescription health items will be attained by use of an Individual Health Item Record. One of these records will be issued to each person by the ration board.

Before dispensing any health items, registered pharmacists and professional health personnel shall determine that all purchases are in compliance with this regulation. They shall complete, sign, and return the Emergency Health Item Record to the purchaser.

The quantities and refill intervals of non-prescription health items will be limited by the dispenser to the amount judged to meet the individual patient's requirements.

In those instances where the continued use of an item is required to maintain the patient's well being, no more than one original packaged unit will be issued at one time. A new unit will not be issued prior to the patient's reaching a remaining two-day supply. In those instances where a packaged unit can be split, no more than a one week supply will be issued at any one time subject to refill when a balance of two day's supply remains.

#### REPORTING FROZEN STOCKS

Stocks of health items in retail outlets that are not dispensed under the supervision of a registered pharmacist or professional health personnel shall be frozen immediately and reported within 48 hours of this announcement to the Local EHS for appropriate disposition.

#### RECORDS

Each person involved in any transaction covered by this regulation shall make and preserve records in sufficient detail to permit, at a later date, reimbursement and determination of compliance with the provisions of this regulation.

#### COMMUNICATIONS

All communications concerning this regulation shall be addressed to the Chief, State EHS.

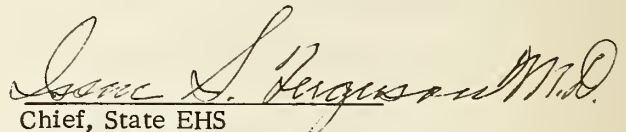
#### DURATION

This regulation shall remain in full force and effect until superseded or cancelled by order of the Chief, State EHS.

#### PENALTY

Persons who violate this regulation or fail to fulfill its requirements in any particular are liable to punishment of a prison sentence of no less than 1 year or no more than 3 years, a fine of not more than \$2,000, or both.

BY ORDER OF THE GOVERNOR

  
Chief, State EHS

#### Attachments:

1. Emergency Health Item Register
2. Emergency Health Item Record
3. Report of Health Items in Retail Outlets Not Under Supervision of a Pharmacist
4. Redistribution of Frozen Stocks of Health Items

**EMERGENCY HEALTH ITEM REGISTER  
CAPE CAMERON METROPOLITAN AREA**

---

Name of Retail Outlet

---

Address

I certify that the items identified below opposite my signature were purchased by me for urgent personal or family use for the purpose indicated and do not represent a duplicate purchase for the same individual within the previous 48-hour period.

<u>DATE</u>	<u>ITEM DESCRIPTION</u>	<u>QUANTITY</u>	<u>PURPOSE</u> <u>(Medical Condition)</u>	<u>PURCHASER'S SIGNATURE</u>
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INDIVIDUAL HEALTH ITEM RECORD  
CAPE CAMERON METROPOLITAN AREA

(This form to be distributed to each person through the rationing mechanism)

INDIVIDUAL HEALTH ITEM RECORD No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (Number) (Zip-Code)

\_\_\_\_\_  
(Town or City) (County) (State)

Sex  Male  Female

Age \_\_\_\_\_

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Signature of Authorized Official

<u>DATE</u>	<u>ITEM DESCRIPTION</u>	<u>QUANTITY</u>	<u>PURPOSE</u> (Medical Condition)	<u>DISPENSER</u>
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REPORT OF HEALTH ITEMS IN RETAIL OUTLETS NOT UNDER  
SUPERVISION OF A PHARMACIST

CAPE CAMERON METROPOLITAN AREA

TO : Chief, CCMA-EHS

Date:

FROM : Department Store, Supermarket, etc.

SUBJECT: REPORT OF HEALTH ITEMS IN RETAIL OUTLETS NOT UNDER SUPERVISION OF  
A PHARMACIST

In accordance with the Governor's General Freeze Order and Emergency Health Regulation 1,  
Reporting Frozen Stocks, the items listed below have been frozen and will be made available  
from this location for redistribution on receipt of your instructions.

<u>Item</u> <u>Description</u>	<u>Unit of</u> <u>Measure</u>	<u>Quantity</u>	<u>Total</u> <u>Cost</u>
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(Item descriptions and units of measure are those which are normally used in day-to-day procure-  
ment activities. Item descriptions should be as definitive as possible.)

---

Manager

REDISTRIBUTION OF FROZEN STOCKS OF HEALTH ITEMS  
CAPE CAMERON METROPOLITAN AREA

TO : Department Store, Supermarket, etc. Date:  
FROM : Chief, CCMA-EHS Control Number:  
SUBJECT: REDISTRIBUTION OF FROZEN STOCKS OF HEALTH ITEMS

The following health items reported as frozen and available are allocated to the destinations in the quantities indicated:

Ship to: City Hospital, Cape Cameron

<u>Item Description</u>	<u>Unit of Measure</u>	<u>Quantity</u>
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Item descriptions and units of measure are those which are normally used in day-to-day procurement activities. Item descriptions should be as definitive as possible.

Priority has been assigned to this shipment. Transportation for movement will be furnished by the Red Ball Express Co., May 18 at 9:00 a.m. Have items listed above ready for movement at that time.

Standard commercial bill of lading will be used for shipment. Submit accomplished bill of lading to the Emergency Transportation office for payment. A copy of this order must be retained and presented with the consignee's statement of receipt to claim reimbursement for supplies requisitioned by this order.

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Chief, CCMA-EHS

cc: Red Ball Express Co. (3)  
City Hospital

## REGULATION GOVERNING PROCUREMENT OF HEALTH END-ITEMS

TO : Essential Health Facilities  
 Local Health Officer  
 Health End-Item Retailers, Distributors,  
 and Producers  
 Local Civil Defense and Emergency Planning Directors

FROM : Chief, State EHS

SUBJECT: REGULATION GOVERNING PROCUREMENT OF HEALTH END-ITEMS

PURPOSE

This regulation authorizes and prescribes procedures for procurement of health end-items by essential health activities and essential health facilities.

DEFINITIONS

"Essential health activities" are medical care and preventive health services that contribute immediately and directly to the saving of lives, prevention of illness, and the prevention and control of serious health hazards.

"Essential health facilities" are the physical plants or structures in which essential health activities are conducted. Included in this category are hospitals or other institutions maintaining an inpatient census, buildings used postattack as emergency hospitals and first aid stations, laboratories, clinics, bloodbanks, pharmacies, and such other facilities operated in support of emergency health services as the responsible political authority may determine essential.

"Health end-items" are pharmaceuticals, blood collecting and dispensing supplies, biologicals, surgical instruments and supplies, and laboratory instruments and supplies manufactured or packaged for medical, dental, and public health purposes which are in their final usable form. (See Attachment, DMO 8500.1A, Health Supplies and Equipment.)

AUTHORIZATION

Any person who operates an essential health facility or essential health activity during the period of interim State control of resources may certify orders for health end-items required to maintain essential emergency health services.

CERTIFICATION

Orders shall be certified as follows:

"This is an essential order authorized by the  
 State Health Director.

\_\_\_\_\_  
 Purchaser"

RESPONSIBILITIES

(a) Persons who operate essential health activities and essential health facilities shall:

- (1) Place orders on their normal sources of supply.
- (2) Limit the reorder of health end-items to a maximum operating inventory of 14 days based on austere medical practices.
- (3) Limit the number of personnel authorized to certify orders to key executive personnel who are known to the suppliers.

(b) Suppliers will fill orders to meet essential needs only when they have been properly certified.

RECORDS

Each person involved in any transaction covered by this regulation shall make and preserve records in sufficient detail to permit, at a later date, reimbursement and determination of compliance with the provisions of this regulation.

COMMUNICATIONS

All communications concerning this regulation shall be addressed to the Chief, State EHS.

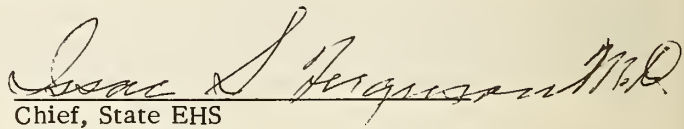
DURATION

This regulation shall remain in full force and effect until superseded or cancelled by the Chief, State EHS.

PENALTY

Persons who violate this regulation or fail to fulfill its requirements in any particular are liable to punishment of a prison sentence of no less than 3 years or no more than 5 years, a fine of not more than \$5,000, or both.

BY ORDER OF THE GOVERNOR

  
Chief, State EHS

Attachment:  
DMO 8500.1A - Guidance on  
Priority Use of Resources  
in Immediate Post Attack Period

DEFENSE MOBILIZATION ORDER 8500.1A

EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF EMERGENCY PLANNING  
Washington, D.C. 20504

**DMO 8500.1A—GUIDANCE ON PRIORITY USE OF RESOURCES IN IMMEDIATE POSTATTACK PERIOD**

1. *Purpose.* This Order (1) states the policy of the Federal Government on use of resources in the period immediately following a nuclear attack on the United States, (2) provides general guidance for Federal, State, and local government officials on activities to be accorded priority in the use of postattack resources, and (3) lists those items essential to national survival in the immediate post-attack period.

2. *Cancellation.* Defense Mobilization Order 8500.1, Guidance on Priority Use of Resources in Immediate Postattack Period, dated April 24, 1964 (29 F.R. 5796) is hereby superseded.

3. *General policy.* In an immediate postattack period all decisions regarding the use of resources will be directed to the objective of national survival and recovery. In order to achieve this objective, postattack resources will be assigned to activities concerned with the maintenance and saving of lives, immediate military defense and retaliatory operations, and economic activities essential to continued survival and recovery.

This guidance is designed to achieve a degree of national equity in the use of resources and to assign and conserve resources effectively in the immediate post-attack period. Until more specific instructions are available, these are the general guidelines within which managerial judgment and common sense must be used to achieve national objectives under widely differing emergency conditions.

4. *Responsibilities.* As stated in The National Plan for Emergency Preparedness, the direction of resources mobilization is a Federal responsibility. However, in the period immediately following an attack, certain geographical areas may be temporarily isolated, and State and local governments will assume responsibility for the use of resources remaining in such areas until effective Federal authority can be restored. State and local governments will not assume responsibility for resources under the jurisdiction of a Federal agency where the Federal agency is able to function.

As soon as possible after an attack and until specific national direction and guidance on the use of resources is provided, Federal, State, and local officials will determine what resources are available, to what needs they can be applied, how they are to be used, and the extent to which resources are deficient or in excess of survival needs. They will base determinations as to the relative urgency for use of resources primarily upon the importance of specific needs of defense, survival, and recovery.

5. *Priority activities in immediate post-attack period.* The following activities are to be accorded priority over all other claims for resources. There is no significance in the order of the listing—all are important. The order in which and the extent to which they are supported locally may vary with local conditions and circumstances. If local conditions necessitate the establishment of an order of priority among these activities, that order shall be based on determinations of relative urgency among the activities listed, the availability of resources for achieving the actions required, and the feasibility and timeliness of the activities in making the most rapid and effective contribution to national survival.

a. *The immediate defense and retaliatory combat operations of the Armed Forces of the United States and its Allies:* This includes support of military personnel and the production and distribution of military and atomic weapons, materials and equipment required to carry out these immediate defense and retaliatory combat operations.

b. *Maintenance or reestablishment of Government authority and control to restore and preserve order and to assure direction of emergency operations essential for the safety and protection of the people.* This includes:

(1) Police protection and movement direction;

(2) Fire defense, rescue and debris clearance;

(3) Warnings;

(4) Emergency information and instructions;

(5) Radiological detection, monitoring and decontamination.

c. *Production and distribution of survival items and provision of services essential to continued survival and rapid*

recovery. (For list of survival items, see Appendix 1 to this order.) These include:

(1) Expedient shelter;

(2) Food, including necessary processing and storage;

(3) Feeding, clothing, lodging, and other welfare services;

(4) Emergency housing and community services;

(5) Emergency health services, including medical care, public health and sanitation;

(6) Water, fuel, and power supply;

(7) Emergency repair and restoration of damaged vital facilities.

d. *Essential communications and transportation services needed to carry out the above activities.*

e. *Provision of supplies, equipment, and repair parts to produce and distribute goods needed for the above activities.*

6. *Assignment of resources.* Resources required for essential uses, including manpower, will be assigned to meet the emergency requirements of the priority activities indicated above. The principal objectives are to use available resources to serve essential needs promptly and effectively, and to:

a. *Protect and to prevent waste or dissipation of resources prior to their assignment to priority activities;*

b. *Support production of essential goods. Other production will be permitted to continue only from inventories on hand and when there is no emergency requirement for the resources vital to this production.*

c. *Support construction for emergency repair and restoration, construction of facilities needed for survival, or the conversion of facilities to survival use, where this can be accomplished quickly. Other construction already under way should be stopped, and no new construction started unless it can be used immediately for essential purposes upon completion.*

Dated: November 4, 1964.

*Effective date.* This order is effective the date of issuance.

EDWARD A. McDERMOTT,  
Director,  
Office of Emergency Planning.

APPENDIX I

This document contains a listing of items considered essential to sustain life at a productive level to assure national survival in an emergency. The list identifies items to which major attention should be given in all phases of preattack planning to insure the availability of basic essentials for a productive economy in the event of a nuclear attack. Supply-requirements studies and assessments for these items will be made to disclose critical deficiencies or other problems that can be anticipated. Revisions will be made as necessary to keep the items as up-to-date as possible.

The items are arranged by seven major groups:

- (1) Health Supplies and Equipment.
- (2) Food.
- (3) Body Protection and Household Operations.
- (4) Electric Power and Fuels.
- (5) Sanitation and Water Supply.
- (6) Emergency Housing and Construction Materials and Equipment, and
- (7) General Use Items.

Survival items are defined as "those items without which large segments of the population would die or have their health so seriously impaired as to render them both burdensome and non-productive." The items have been classified into Group A or Group B, with Group A representing end products consumed or used directly by the population, and Group B consisting of those items essential to the effective production and utilization of the Group A items, which are consumed or used directly by the people.

There are no Group B items in the categories of Health Supplies and Equipment, Body Production and Household Operations, and Emergency Housing and Construction Materials and Equipment. All of these items are considered to be consumed directly and any attempt to separate them in to A and B groupings would be too arbitrary to be meaningful.

It is important to keep in mind the fact that while the items listed are the basic essentials necessary for maintaining a viable economy during the first six months following an attack, not all of them would create problems that would require government action preattack to insure adequate supplies. The aforementioned supply-requirements studies will be undertaken to identify the problem areas. In developing supply data, all available production capacity, existing inventories, and possible substitutions will be considered. For example, in analyzing clothing items, all available supplies would be considered from sport to dress shirts, from overalls to dress suits. However, new production would be limited to the simplest form of the basic item which can be produced. The final determination as to which of the items are most critical and which may require preattack actions by the Government, as well as the type of actions which must be taken, can be made only after a comprehensive supply-requirements analysis is completed.

LIST OF ESSENTIAL SURVIVAL ITEMS

I. Health Supplies and Equipment:

GROUP A

1. *Pharmaceuticals:*

- Alcohol.
- Analgesics, non-narcotic.
- Antibiotics and antibacterials.
- Antidiabetic agents, oral.
- Antihistamines.
- Antimalarials.
- Atropine.
- Blood derivatives.
- Carbon dioxide absorbent.
- Cardiovascular depressants.

- Cardiovascular stimulants.
  - Corticosteroids.
  - Diuretics.
  - General anesthetics.
  - Hypnotics.
  - Insulin.
  - Intravenous solutions for replacement therapy.
  - Local anesthetics.
  - Lubricant, surgical.
  - Morphine and substitutes.
  - Oral electrolytes.
  - Oxygen.
  - Surgical antiseptics.
  - Sulfa drugs.
  - Synthetic plasma volume expanders.
  - Vitamin preparations, pediatric.
  - Water for injection.
2. *Blood Collecting and Dispensing Supplies:*
- Blood collecting and dispensing containers.
  - Blood donor sets.
  - Blood grouping and typing sera.
  - Blood recipient sets.
  - Blood shipping containers.
3. *Biologicals:*
- Diphtheria toxoid.
  - Diphtheria antitoxin.
  - Diphtheria and tetanus toxoids and pertussis vaccine.
  - Gas gangrene antitoxin.
  - Poliomyelitis vaccine, oral.
  - Rabies vaccine.
  - Smallpox vaccine.
  - Tetanus antitoxin.
  - Tetanus toxoid, absorbed.
  - Typhoid vaccine.
  - Typhus vaccine, epidemic.
  - Yellow fever vaccine.
4. *Surgical Textiles:*
- Adhesive plaster.
  - Bandage, gauze.
  - Bandage, muslin.
  - Bandage, plaster of paris.
  - Cotton, USP
  - Surgical pads.
  - Stockinette, surgical.
  - Wadding, cotton sheet.
5. *Emergency Surgical Instruments and Supplies:*
- Airway, pharyngeal.
  - Anesthesia apparatus.
  - Basin, wash, solution.
  - Blade, surgical knife.
  - Brush, scrub, surgical.
  - Catheter, urethral.
  - Containers for sterilization.
  - Cbisel, bone.
  - Drain, Penrose.
  - Dusting powder.
  - Forceps, dressing.
  - Forceps, hemostatic.
  - Forceps, obstetrical.
  - Forceps, tissue.
  - Gloves, surgeon's.
  - Handies, surgical knife.
  - Holder, suture needle.
  - Inhaler, anesthesia, Yankauer (ether mask).
  - Intravenous injection sets.
  - Knife, cast cutting.
  - Lamps, for diagnostic instruments.
  - Lamps, for surgical lights.
  - Laryngoscope.
  - Light, surgical, portable.
  - Litter.
  - Mallet, bone surgery.
  - Needles, hypodermic, reusable.
  - Needles, suture, eyed.
  - Otoscope and ophthalmoscope set.
  - Probe, general operating.
  - Razor and blades (for surgical preparation).
  - Retractor, rib.
  - Retractor set, general operating.
  - Rongeur, bone.
  - Saw, amputating.

- Saw, bone cutting, wire (Gigli).
  - Scissors, bandage.
  - Scissors, general surgical.
  - Sigmoidoscope.
  - Speculum, vaginal.
  - Sphygmomanometer.
  - Splint, leg, Thomas.
  - Splint, wire, ladder.
  - Sterilizer, pressure, portable.
  - Stethoscope.
  - Sutures, absorbable.
  - Sutures, absorbable, with attached needle.
  - Sutures, nonabsorbable.
  - Sutures, nonabsorbable, with attached needle.
  - Syringes, Luer, reusable (hypodermic syringes).
  - Thermometers, clinical.
  - Tracheotomy tube.
  - Tube, nasogastric.
  - Tubing, rubber or plastic, and connectors.
  - Vascular prostheses.
  - Webbing, textile, with buckle.
6. *Laboratory Equipment and Supplies:*
- Bacteriological culture media and apparatus.
  - Balance, laboratory with weights.
  - Blood and urine analysis instruments, equipment and supplies.
  - Chemical reagents, stains and apparatus.
  - Glassware cleaning equipment.
  - Laboratory glassware.
  - Microscope and slides.
  - Water purification apparatus.

GROUP B

II. *Food:*

GROUP A

1. *Milk Group.* Milk in all forms, milk products. Important for calcium, riboflavin, protein, and other nutrients.
2. *Meat and Meat Alternate Group.* Meat, poultry, fish, eggs; also dry beans, peas, nuts. Important for protein, iron, and B-vitamins.
3. *Vegetable-Fruit Group,* including: 1. Dark green and yellow vegetables. Important for Vitamin A. 2. Citrus fruit or other fruit or vegetables. Important for Vitamin C. 3. Other fruits and vegetables, including potatoes.
4. *Grain Products.* Especially enriched, restored, cereal and cereal products, and bread, flours, and meals. Important for energy, protein, iron, and B-vitamins.
5. *Fats and Oils.* Including butter, margarine, lard, and other shortening oils. Important for palatability and food energy; some for Vitamin A and essential fatty acids.
6. *Sugars and Syrups.* Important for palatability and food energy.
7. *Food Adjuncts.* Certain food adjuncts should be provided to make effective use of available foods. These include antioxidants and other food preservatives, yeast, baking powder, salt, soda, seasonings and other condiments. In addition, coffee, tea, and cocoa are important for morale support.

GROUP B

- Food containers.
  - Nitrogenous fertilizers.
  - Seed and livestock feed.
  - Salt for livestock.
  - Veterinary Medical Items:*
  - Anthrax vaccine.
  - Black leg vaccine.
  - Hog cholera vaccine.
  - Newcastle vaccine.
- III. *Body Protection and Household Operations:*

GROUP A

1. *Clothing:*
- Gloves and mittens.
- Headwear.
- Hosiery.

Outerwear  
Shoes and other footwear.  
Underwear  
Waterproof outer garments.  
2 *Personal Hygiene Items:*  
Diapers, all types.  
Disposable tissues.  
First aid items (included on Health Supplies and Equipment List).  
Nipples  
Nursing bottles, all types.  
Pins.  
Sanitary napkins.  
Soaps, detergents, and disinfectants.  
Toilet tissue.  
3 *Household Equipment:*  
Bedding  
Canned heat.  
Cots.  
Hand sewing equipment.  
Heating and cooking stoves.  
Incandescent hand portable lighting equipment (including flashlights, lamps, batteries).  
Kitchen, cooking, and eating utensils.  
Lamps (incandescent medium base) and lamp holders.  
Matches.  
Nonelectric lighting equipment.  
Sleeping bags.

GROUP B

None

IV *Electric Power and Fuels:*  
1 *Electric Power.*

GROUP A

Electricity.

GROUP B

Conductors (copper and or aluminum), including bare cable for high voltage lines and insulated wire or cable for lower voltage distribution circuits.  
Switches and circuit breakers.  
Insulators.  
Pole line hardware.  
Poles and crossarms.  
Transformers (distribution, transmission, and mobile).  
Tools for live-circuit operations, including rubber protective equipment, and linemen's tools.  
Utility repair trucks, fully equipped.  
Prime mover generator sets up to 501 kilowatts and 2400 volts, including portable and mobile sets up to 150 kilowatts and 110/220/440 volts, 3-phase, 60-cycle complete with fuel tank and switchgear in self-contained units.

2. *Petroleum Products.*

GROUP A

Gasoline.  
Kerosene.  
Distillate fuel oil.  
Residual fuel oil.  
Liquefied petroleum gas.  
Lubricating oil.  
Grease.

GROUP B

Storage tanks.  
Pumps for loading and unloading.  
Pressure containers and fittings for liquefied petroleum gas.  
3. *Gas.*

GROUP A

Natural gas.  
Manufactured gas.

GROUP B

Various sizes of pipe (mostly steel).  
Various sizes of valves, fittings, and pressure regulators.  
Specialized repair trucks and equipment.  
4. *Solid Fuels.*

GROUP A

Coal and coke.

GROUP B

Conveyor belting.  
Insulated trall cables.  
Trolley feeder wire.  
Roof bolts.  
V. *Sanitation and Water Supply:*

GROUP A

1. *Water.*  
2. *Water Supply Materials:*  
a. *Coagulation:*  
Ferric chloride.  
Ferrous sulfate.  
Ferric sulfate.  
Chlorinated copperas.  
Filter alum.  
Hydrated lime.  
Pulverized limestone.  
Soda ash.  
b. *Disinfection Chemicals:*  
High-test hypochlorites (70 percent) in drums, cans, ampules.  
Iodine tablets.  
Liquid chlorine, including containers.  
Chlorine compounds (not gas).  
c. *Miscellaneous Materials:*  
Diatomaceous earth.  
Activated carbon.  
3. *Chemical, Biological, and Radiological (CBR) Detection, Protection, and Decontamination Items:*  
Calibrators.  
Chemical agent detection kits, air, food, and water.  
Dosimeters and chargers.  
Protective masks, clothing, helmets.  
Survey meters (Alpha, Beta, Gamma).  
Warning signs—biological, chemical, and radiological contamination.  
4. *Insect and Rodent Control Items:*  
a. *Insecticides:*  
DDT, water dispersible powder (75 percent).  
Lindane powder, dusting (1 percent).  
Lindane powder, dusting (1 percent).  
Malathion, liquid, emulsifiable concentrate (57 percent).  
Deet (diethyltoluamide) 75 percent in denatured alcohol.  
Pyrethrum.  
b. *Rodenticides:*  
Anticoagulant type, ready-mixed bait.  
"1080" (sodium monofluoroacetate) (for controlled use only).  
5. *General Sanitation:*  
Lye.

GROUP B

1. *General Supplies and Equipment:*  
Chemical feeders.  
Mobile and portable pressure filters.  
Chlorinators (gas and hypochlorites).  
Pumps and appurtenances, Hand—Electric—Gasoline—Diesel.  
Well-drilling equipment, including well casing, drive pipe and drive points.  
2. *Storage and Transport Equipment:*  
Lyster bags.

Storage tanks, collapsible and portable.  
Storage tanks, rigid, transportable.  
Storage tanks, wood stave, knock-down.  
3. *Laboratory Equipment and Supplies:*  
Membrane filter kits with filters and media.  
Chlorine and pH determination equipment.  
4. *Sanitation Equipment:*  
Hand sprayer, continuous type.  
Hand sprayer, compression type.  
Hand duster, plunger type.  
Spraying equipment for use with helicopter, fixed-wing light aircraft, high-speed fixed-wing attack aircraft, and cargo-type aircraft.  
VI. *Emergency Housing and Construction Materials and Equipment.*

GROUP A

Asphalt and tar roofing and siding products.  
Builders hardware—hinges, locks, handles, etc.  
Building board, including insulating board, laminated fiberboard, hardpressed fiberboard, gypsum board, and asbestos cement (flat sheets and wallboard).  
Building papers.  
Plastic patching, couplings, clamps, etc., for emergency repairs.  
Plumbing fixtures and fittings.  
Prefabricated emergency housing.  
Rough hardware—nails, bolts, screws, etc.  
Sewer pipe and fittings.  
Tents and tarpaulins; canvas, plastics, and other similar materials.  
Lumber and allied products: Lumber, principally 1-inch and 2-inch, minor quantities of small and large timbers; siding and flooring; plywood; millwork, doors, and windows.  
Masonry products—brick, cement, lime, concrete block, hollow tile, etc.  
Translucent window coverings.  
Water pipe and hose, plus fittings—all types, including fire hose.

GROUP B

None.

VII. *General Use Items.*

GROUP A

None.

GROUP B

Batteries, wet and dry cell.  
Bulldozers.  
Fire fighting equipment.  
Light equipment and hand tools (including electric powered) for carpentry, masonry, plumbing, and excavation.  
Pipe installation materials and equipment.  
Refrigerators, mechanical.  
Rigging tools—cables, ropes, tackle, hoists, etc.  
Tank railroad cars.  
Tank trucks and trailers.  
Tires.  
Trenching equipment.  
Truck tractors and trailers, including low bed.  
Trucks up to five tons (25 percent equipped with power takeoff).  
Welding equipment and supplies (electric and acetylene).

[P.R. Doc. 64-11454; Filed, Nov. 9, 1964; 8:46 a.m.]

**RESTRICTION ON DISTRIBUTION OF SELECT HEALTH ITEMS**

TO : CCMA Health End-Item Retailers and Distributors

FROM : Chief, CCMA-EHS

SUBJECT: RESTRICTION ON DISTRIBUTION OF SELECT HEALTH ITEMS

The following items are in critically short supply. Distribution is limited to hospitals and out-patient clinics.

Gauze bandage

Surgical instruments, all types

Surgical dressings

Orthopedic supplies

Surgical scissors, all types

All purchase orders presented for these materials must be certified in accordance with the provisions of State EAD 3.

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Chief, CCMA-EHS





## REGULATION GOVERNING PROCUREMENT OF SUPPORTING RESOURCES

TO : Essential Health Facilities  
 Local Health Officers  
 State Resource Agencies  
 Local Resource Officials  
 Local Civil Defense and Emergency Planning Officials

FROM : Chief, State EHS

SUBJECT: REGULATION GOVERNING PROCUREMENT OF SUPPORTING RESOURCES

PURPOSE

This regulation authorizes and prescribes procedures for procurement of supporting resources by essential health activities and essential health facilities.

DEFINITIONS

"Essential health activities" are medical care and preventive health services that contribute immediately and directly to the saving of lives, prevention of illness, and the prevention and control of serious health hazards.

"Essential health facilities" are the physical plants or structures in which essential health activities are conducted. Included in this category are hospitals or other institutions maintaining an inpatient census, buildings used postattack as emergency hospitals and first aid stations, laboratories, clinics, bloodbanks, pharmacies, and such other facilities operated in support of emergency health services as the responsible political authority may determine essential.

"Supporting resources" are all supplies, equipment, facilities, services utilities, and manpower controlled by resource agencies other than the Emergency Health Service but required for the provision of essential services and for maintaining the operation of essential health facilities.

AGREEMENTS WITH STATE RESOURCE AGENCIES

The State Resource Agencies have delegated authority to the State Director of Health to authorize the certification of orders for supporting resources by persons who operate essential health activities and essential health facilities.

AUTHORIZATION

Any person who operates an essential health facility or essential health activity during the period of interim State control of resources may certify orders for supporting resources required to maintain operations.

CERTIFICATION

Orders shall be certified as follows:

Certified for use in essential health activities under State Emergency Action Document No. 4.

"This is an essential order authorized by the State Health Director.

\_\_\_\_\_  
Purchaser"

RESPONSIBILITIES

(a) Persons who operate essential health activities and essential health facilities shall:

- (1) Place orders on their normal sources of supply.
- (2) Limit their orders to the minimum quantities or services required to maintain essential emergency operations.
- (3) Limit the number of personnel authorized to certify orders to key executive personnel who are known to the suppliers.
- (4) Restrict orders insofar as possible to the List of Essential Survival Items, State EAD 3, Attachment 1, DMO 8500.1A, Appendix 1.

(b) Suppliers will fill orders to meet essential needs only when they have been properly certified and in accordance with instructions from the appropriate State Resource Agency.

(c) Requests for manpower will be placed in the form and manner specified by the State Employment Commission.

RECORDS

Each person involved in any transaction covered by this regulation shall make and preserve records in sufficient detail to permit, at a later date, reimbursement and determination of compliance with the provisions of this regulation.

COMMUNICATIONS

All communications concerning this regulation shall be addressed to the Chief, State EHS.

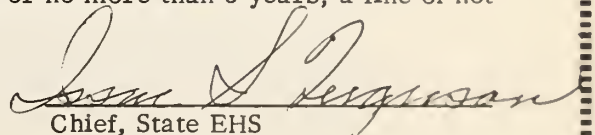
DURATION

This regulation shall remain in full force and effect until superseded or cancelled by the Chief, State EHS.

PENALTY

Persons who violate this regulation or fail to fulfill its requirements in any particular are liable to punishment of a prison sentence of no less than 1 year or no more than 3 years, a fine of not more than \$2,000, or both.

BY ORDER OF THE GOVERNOR

  
Chief, State EHS

## CCMA SUPPORTING GOODS AND SERVICES

TO : Administrators of Essential Health Facilities and Activities  
FROM : Chief, CCMA-EHS  
SUBJECT: CCMA RESOURCE AGENCIES; PROCEDURES FOR PROCURING SUPPORTING  
GOODS AND SERVICES

### A. GENERAL

This EAD supplements State EAD 4 and

1. Identifies resource agencies, showing their emergency addresses, telephone numbers, and radio call letters (if any)
2. Lists the resources and services for which each is responsible under the CCMA Civil Defense Plan, and
3. Prescribes the channels through which the administrators of health facilities and activities will obtain resources and services required to support emergency health operations.

### B. PROCUREMENT PROCEDURES

Procurement procedures outlined in State EAD 4 shall be followed in placement of limited and certified orders for supporting supplies, equipment, and services with certain exceptions noted below in Part D, Procurement Channels. When essential services or essential items or substitutes therefor are unobtainable through normal suppliers, the order shall be replaced through the CCMA-EHS Supply and Facilities Division (SFD).

Essential supporting services immediately required for safety of life and property (e.g., fire and police protection and rescue service) shall be requested directly from the controlling resource agencies. Until further notice, however, administrators of essential health facilities and activities shall transmit their requirements for certain supporting services for which there is great competition by all emergency activities to the CCMA-EHS office shown on the attached chart. The EHS will place a consolidated order with the controlling resource agency specifying, if necessary, priorities for delivery. Examples of such services are debris clearance, road repair, and emergency repair of essential facilities. The same centralized procurement procedure applies for extraordinary emergency services for which no normal channel exists, such as most of the services controlled by the CCMA Civil Defense Administration.

### C. PRIORITIES

Two types of priorities govern the delivery of supporting goods and services to EHS users:

1. Priority assigned to the EHS by the CCMA Civil Defense Administration for procurement of available supplies, services, and manpower in common demand. The Office of the Chief (OC), EHS, negotiates this priority and reports continuing needs to the State EHS.
2. Priority assigned by the EHS among CCMA health facilities and activities for allotment of the total EHS share of supporting goods and services. These priorities are determined by the EHS Medical Care and Health Protection Divisions and are transmitted to the supplier or resource agency generally by the Supply and Facilities Division or by the Manpower Division.

D. PROCUREMENT CHANNELS

CCMA RESOURCE AGENCY	SUPPORTING RESOURCE OR SERVICE	USER TO NORMAL SUPPLIER	THROUGH EHS OFFICE
1. CCMA Civil Defense Administration Grace County Courthouse (emergency address)			
486-3297 (telephone)	XXX-X (radio call letters)		
	a. Public warning	automatic	
	b. Public information		Office of the Chief (OC)
	c. Area-wide radiological monitoring	automatic	
	d. Situation analysis and damage assessment		OC
	e. Authority to procure essential resources by condemnation or seizure		OC
	f. Arrangements for military assistance		OC
	g. Arrangements for services not elsewhere provided (e.g., laundry services)	x	SFD
	h. Shelter services		OC
	i. Assignment of priorities		OC
	j. Expediting and coordinating provision of essential survival services		OC
2. Police Service			
Norah County State Police Station (emergency address)			
721-6507 (telephone)	XXX-X (radio call letters)		
	a. Maintenance of law and order	x	OC
	b. Protection of life and property	x	OC
	c. Regulation and control of traffic	x	Medical Care Div. (MCD)
	d. Expediting movement of emergency services (fire, rescue, medical)		SFD

CCMA RESOURCE AGENCY	SUPPORTING RESOURCE OR SERVICE	USER TO NORMAL SUPPLIER	THROUGH EHS OFFICE
3. Fire Service			
Joyce County Fire Station No. 6 (emergency address)			
263-4890 (telephone)	XXX-X (radio call letters)		
	a. Fire protection	x	SFD
	b. Rescue	x	SFD
4. Utilities Service			
Ruth County Pumping Station (emergency address)			
286-5484 (telephone)	XXX-X (radio call letters)		
	a. Electric power	x	SFD
	b. Gas	x	SFD
	c. Water	x	SFD
	d. Sanitation systems	x	SFD
5. Public Works, Engineering, and Construction Service			
Norah County Office of Public Works (emergency address)			
874-8947 (telephone)	XXX-X (radio call letters)		
	a. Debris clearance		SFD
	b. Decontamination of essential areas and structures		SFD
	c. Temporary road repairs		SFD
	d. Emergency repair of public utilities, public housing, and essential facilities		SFD
	e. Preparation of areas for mass burial of the dead		Health Protec- tion Div. (HPD)

CCMA RESOURCE AGENCY	SUPPORTING RESOURCE OR SERVICE	USER TO NORMAL SUPPLIER	THROUGH EHS OFFICE
6. Mortuary Service	<p>Walters Funeral Home, Norah Co (emergency address)</p> <p>432-8732 (telephone)</p> <p>a. Collection, identification, and disposal of the dead</p> <p>b. Maintenance of records and personal property</p> <p>c. Ambulance service support</p>		<p>MCD - HPD</p> <p>Admin. Off.</p> <p>MCD</p>
7. Manpower Service	<p>Grace County Employment Office (emergency address)</p> <p>871-6487 (telephone)</p> <p>a. Mobilization and distribution of supporting manpower</p>	<p>x</p>	<p>Manpower Div.</p>
8. Welfare Service	<p>Ruth County Welfare Office (emergency address)</p> <p>541-5421 (telephone)</p> <p>a. Feeding, clothing, lodging, and social services</p> <p>b. Registration and inquiry service</p>		<p>MCD</p> <p>MCD</p>
9. Communications Service	<p>W J B Radio, Joyce County (emergency address)</p> <p>274-1491      XXX-X (telephone)    (radio call letters)</p> <p>Provision of communications capability via air and land-line systems</p>	<p>x</p>	<p>SFD</p>

CCMA RESOURCE AGENCY	SUPPORTING RESOURCE OR SERVICE	USER TO NORMAL SUPPLIER	THROUGH EHS OFFICE
<p>10. Transportation Service</p> <p>Joyce County Airport (emergency address)</p> <p>707-3128 (telephone)</p>	<p>Provision of transportation of people and things by rail, air, water, bus, truck, car, or any available means</p>	<p>x</p>	<p>SFD</p>
<p>11. Wholesale and Retail Service</p> <p>Southwest Retailers, Joyce County (emergency address)</p> <p>824-0860 (telephone)</p>	<p>Procurement, control, and distribution of supplies for public use and for emergency services. Excepted are supply responsibilities assigned to certain services; e.g., health supplies and equipment - EHS; special communications and equipment - Communications Service; radiological devices and equipment - Civil Defense Administration.</p>	<p>x</p>	<p>SFD</p>



## REPORTING FOR EHS DUTY

TO : All Civilian Health Manpower

FROM : Chief, State EHS

SUBJECT: REPORTING FOR EMERGENCY HEALTH SERVICE DUTY

All civilians classified as health manpower\* - regardless of present occupation - are hereby directed and authorized to report, to one of the following as soon as radiation levels permit:

1. Their emergency assignments
2. The nearest hospital, laboratory, or city, county, or State health officer
3. The nearest State Employment Service office for a health service assignment.

In localities where there are no extraordinary health or medical problems, health personnel will stand by either to receive sick and injured from hard-hit areas or to go, when directed to do so, to localities where health skills are critically needed.

This Order is issued because it is necessary to centralize health services activities and to coordinate, control, and conserve health resources to deal effectively with effects of the attack.

\*If you are not sure whether or not you are classified as being in a health manpower occupation, contact the local health officer or employment service, both of whom have the official List of Health Manpower Occupations.

BY ORDER OF THE GOVERNOR

\_\_\_\_\_  
Chief, State EHS

Distribution: To all public information media (newspapers, radio stations) for immediate release, local health officers, and State Employment Service offices.

## LICENSURE REQUIREMENTS AND LIABILITY

TO : Chief, State EHS

FROM : Governor

SUBJECT: WAIVING LICENSURE REQUIREMENTS AND CONFERRING IMMUNITY FROM  
LIABILITY FOR HEALTH PERSONNEL PERFORMING EMERGENCY HEALTH  
SERVICES

By virtue of the emergency powers vested in me as Governor of the State of \_\_\_\_\_ ,  
it is hereby ordered as follows:

SECTION 1. SCOPE. This order applies to Health Manpower as listed in Defense Mobilization Order 8540.1 Health Manpower Occupations, and published in the Federal Register of March 18, 1964 or successor documents.

SEC. 2. WAIVER OF LICENSURE REQUIREMENTS. Any requirement for a State license to practice a health or allied skill shall not apply to a practitioner duly licensed by any other State, territory, possession, the District of Columbia, Federal government, or any neighboring country and performing emergency health services in this State subject to the order, or control of, or pursuant to a request of the State government, or any political subdivision thereof.

SEC. 3. IMMUNITY. No person within the scope of this order performing emergency health services in this State shall be liable for the death of or injury to persons or damage to property as the result of such activity, except in cases of willful misconduct, gross negligence, or bad faith. The provisions of this Section shall not affect the right of any person to receive benefits to which he would otherwise be entitled under Workmen's Compensation Law, or under any pension law, nor the right of any such person to receive any benefits of compensation under any Act of Congress.

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Governor

HEALTH MANPOWER ANNOUNCEMENT DURING SHELTER PERIOD  
(EXAMPLES)

"Policies announced by the Chief, State EHS, regarding reporting for EHS duty and licensure and liability pertain to all civilians who have medical or public health skills."

Add local instructions as applicable:

1. "In this area, damage has rendered the following facilities inoperable:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Personnel having emergency assignments to these facilities will report instead as follows:

- a. personnel will go to \_\_\_\_\_
- b. personnel will go to \_\_\_\_\_
- c. personnel will go to \_\_\_\_\_.

All retired, inactive, and unassigned physicians, nurses and allied health personnel report to whichever of the following facilities is most accessible:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Sanitary engineers, sanitarians, and food and drug inspectors will report to EHS headquarters at \_\_\_\_\_ or to \_\_\_\_\_.

Laboratory personnel will report to \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_."

OR

2. "This locality has been designated as a reception area for evacuees from \_\_\_\_\_. Evacuees are expected to begin arriving in about \_\_\_\_ days. It is estimated that x number of them need medical care. Those of you who are employed at hospitals will report to work when you leave shelter. Persons with emergency assignments to hospitals will stand by until called to duty. Persons with medical and allied skills who have no emergency assignments will report to EHS headquarters at \_\_\_\_\_ or to the State Employment Office at \_\_\_\_\_ and stand by for assignment and call to duty."

OR

3. "The State EHS has notified us that \_\_\_\_ physicians, \_\_\_\_ nurses, and \_\_\_\_ medical technicians are needed from this locality to assist in emergency medical care of survivors at \_\_\_\_\_. Duration of duty is estimated at about 2 months. Volunteers will report to EHS headquarters for further information as soon as radiation levels permit."

## REPORT TO STATE EMERGENCY HEALTH SERVICE

(As required by the Chief, State EHS, an initial health situation report, and subsequent reports of situation changes, shall be submitted by the Chief, CCMA-EHS. Reports may be submitted by any available communication method. It is mandatory that the data code be included with each reported item: the descriptive headings, however, may be omitted. Compliance with this report procedure will help to expedite State assistance.)

TO : Chief, State, EHS

FROM : Chief, CCMA-EHS

SUBJECT: HEALTH SITUATION REPORT

Data Code	Description	Estimated Current Total Number
A1	Sick and injured requiring: hospital inpatient care	
A2	outpatient care	
	Inpatient conditions:	
A1.1	traumatic injuries	
A1.2	infections	
A1.3	burns	
A1.4	radiation illness	
A1.5	communicable diseases	
A1.6	others	
B	Available hospital beds (including temporary and improvised facilities)	
C	Available physicians (MD & DO)	
D	Brief narrative description, including prevalence, of major health and medical problems (e.g., epidemic, undiagnosed disease)  _____  _____	

\_\_\_\_\_  
Chief, CCMA-EHS

**HEALTH MANPOWER REPORT**

TO : Chief, State EHS

FROM : Chief, CCMA-EHS

SUBJECT: HEALTH MANPOWER REPORT

Periodic (Last report dated \_\_\_\_\_.)

Special request for additional manpower based on workload data shown in Health Situation Report dated \_\_\_\_\_.

Instructions: Always report on first six listed occupations. Specify others only if requesting additional skills or if asked to report. If applicable, note most urgent specialist requirements (e.g., orthopedist, public health nurse, biochemist). Personnel who can be made available will report to the Chief, CCMA-EHS, for assignment.

	Available		Requirements	
	Med. Care	Pub. Health	Immediate	in 30 days
1. Physicians				
2. Veterinarians				
3. Dentists				
4. Prof. Nurses				
5. Sanitary Engs.				
6. Sanitarians				
7.				
8.				
9.				
10.				
11.				
12.				

Most urgently needed:

Specialty                      Number

\_\_\_\_\_  
Chief, CCMA-EHS

**REQUEST FOR STATE EHS ASSISTANCE IN OBTAINING EMERGENCY  
OPERATING SUPPLIES  
EMERGENCY ORDER**

TO : Chief, State EHS

FROM : Chief, CCMA-EHS

SUBJECT: REQUEST FOR EMERGENCY OPERATING SUPPLIES BASED ON WORKLOAD DATA SHOWN IN HEALTH SITUATION REPORT DATED \_\_\_\_\_

Emergency operating supplies are inadequate to meet present and anticipated hospital needs. We request the following essential health end-items and supporting resources be made available to the addressee shown below. Quantities represent an estimated 14-day operating supply. Expendable supplies on hand will be exhausted (date).

HEALTH END-ITEMS

Item Description	Unit of Measure	Quantity		
		On Hand	Required	Total

(Item descriptions and units of measure are those which are normally used in day to day procurement activities. Item descriptions should be as definitive as possible so that meaningful substitutions can be determined.)

Ship to: VETERANS ADMINISTRATION HOSPITAL, RUTH COUNTY

SUPPORTING RESOURCES

Construction and Housing  
Electric Power  
Food  
Gas  
Petroleum  
Solid Fuels  
Transportation  
Water  
Telecommunications

(Check categories of supporting resources required to continue operations, complete order forms provided by appropriate resource agencies, and attach them to this emergency order.)

Ship to:

\_\_\_\_\_  
Chief, CCMA-EHS

## LOCAL REQUIREMENTS FOR SUPPORTING RESOURCES

TO : Chief, State EHS

FROM : Chief, CCMA-EHS

SUBJECT: ESTIMATE OF CONTINUING LOCAL NET\* REQUIREMENTS FOR SUPPORTING RESOURCES OVER A 90-DAY PERIOD COMMENCING \_\_\_\_\_ (date)

Essential health activities and essential health facilities estimated their gross requirements for supporting resources over a 90-day period. These requirements were consolidated and submitted to appropriate resources agency officials for consideration and action. Allocations from locally available inventories have been made by these officials and the attached forms (by resource category) represent local deficiencies (net requirements) in the continuing supply of supporting resources for the 90-day period commencing (date).

### LIST OF FORMS-ESTIMATED SUPPORT REQUIREMENTS

Form 1-Construction and Housing	(Check categories of supporting resources required to continue operations for a 90-day period and attach appropriate forms.)
Form 2-Electric Power	
Form 3-Food	
Form 4-Gas	
Form 5-Petroleum	
Form 6-Solid Fuels	
Form 7-Transportation	
Form 8-Water	
Form 9-Telecommunications	

\_\_\_\_\_  
Chief, CCMA-EHS

(Instructions: Estimates should be limited to those items contained in DMO 8500.1A, Appendix 1, List of Essential Survival Items. A copy of DMO 8500.1A is attached to State Emergency Action Document 3. Other items essential to operations must be included.)

The State Resource Agencies have developed forms for this purpose. They are appended to this action document as Forms 1-9. The forms should be completed at local level in accordance with instructions provided thereon and sent to the Chief, State EHS. Copies should be sent to the appropriate resource officials at local level.

The State EHS will, when necessary, prepare estimates for or by resource category and forward them to the appropriate State Resource Agencies.)

\*Difference between gross requirements and available resources.

ESTIMATE OF CONTINUING NET REQUIREMENTS FOR HEALTH END-ITEMS

TO : Chief, State EHS

FROM : Chief, CCMA-EHS

SUBJECT: ESTIMATE OF CONTINUING NET\* REQUIREMENTS FOR HEALTH END-ITEMS FOR 90-DAY PERIOD COMMENCING \_\_\_\_\_  
 (date)

Item Description	Unit of Measure	Civilian			Military			Total	
		30 days	60 days	90 days	30 days	60 days	90 days	60 days	90 days

(Item descriptions and units of measure are those which are normally used in day to day procurement activities. Item descriptions should be as definitive as possible so that meaningful consolidations can be determined.)

List items in same order as they appear on DMO 8500.1A.

Until national production has recovered sufficiently to meet additional demands, estimates should be limited to items listed in Emergency Action Document 8, DMO 8500.1A.

Items which are components of and essential to the operation of equipment should be included even though they are not contained in the "survival item" list.)

\*Difference between gross requirements and on-hand supplies.

\_\_\_\_\_  
 Chief, CCMA-EHS



REQUEST FOR STATE EHS ASSISTANCE IN OBTAINING HEALTH ITEMS FOR  
PUBLIC CONSUMPTION

TO : Chief, State EHS

FROM : Chief, CCMA-EHS

SUBJECT: HEALTH ITEM REQUIREMENTS FOR PUBLIC CONSUMPTION

Retail inventories of health items in the Cape Cameron Metropolitan Area have been depleted to the point at which they are inadequate to meet present and anticipated public consumption requirements for personal health maintenance and home sanitation.

There are 20 operational pharmacies with a registered pharmacist on duty at each. They are normally supplied by two wholesale warehouses, one of which has been damaged beyond repair.

We request the following essential health items be made available to this county. Quantities represent an estimated 14-day operating supply. Supplies on hand will be exhausted (date).

<u>Item Description</u>	<u>Unit of Measure</u>	<u>Quantity</u>
-------------------------	------------------------	-----------------

Item descriptions and units of measure are those which are normally used in day-to-day procurement activities. Item descriptions should be as definitive as possible so that meaningful substitutions can be determined.

Ship to Henry B. Gilpin Co., 8500 Skyway Bldg., Maryville.

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Chief, CCMA-EHS



## VIII. CCMA MAP & OVERLAYS



GRACE COUNTY

SWOPE DRIVE

US 40S

NORAH COUNTY

VALLEY ROAD

BR. O. R.R.

126

JOHNSON RESERVOIR

66

597

CAPE CAMERON

NORTH ROAD

BLVD.

N.W. EXPMY.

LOOMIS LANE

DIVISION AVENUE

BUSHWICK AVENUE

W. EXPMY.

EAST AVE.

JOYCE COUNTY

RIDGE ROAD

US 70S

P. R. R.

BR. O. R.R.

SPRING ROAD

INTERNATIONAL AIRPORT

126

BR. O. R.R.

SPRING ROAD

BARRY BY-PASS

166

RUTH COUNTY

MUSTANG DRIVE

166

EASTERN PARKWAY

618

ROAD

CAPE CAMERON

614

US 40S

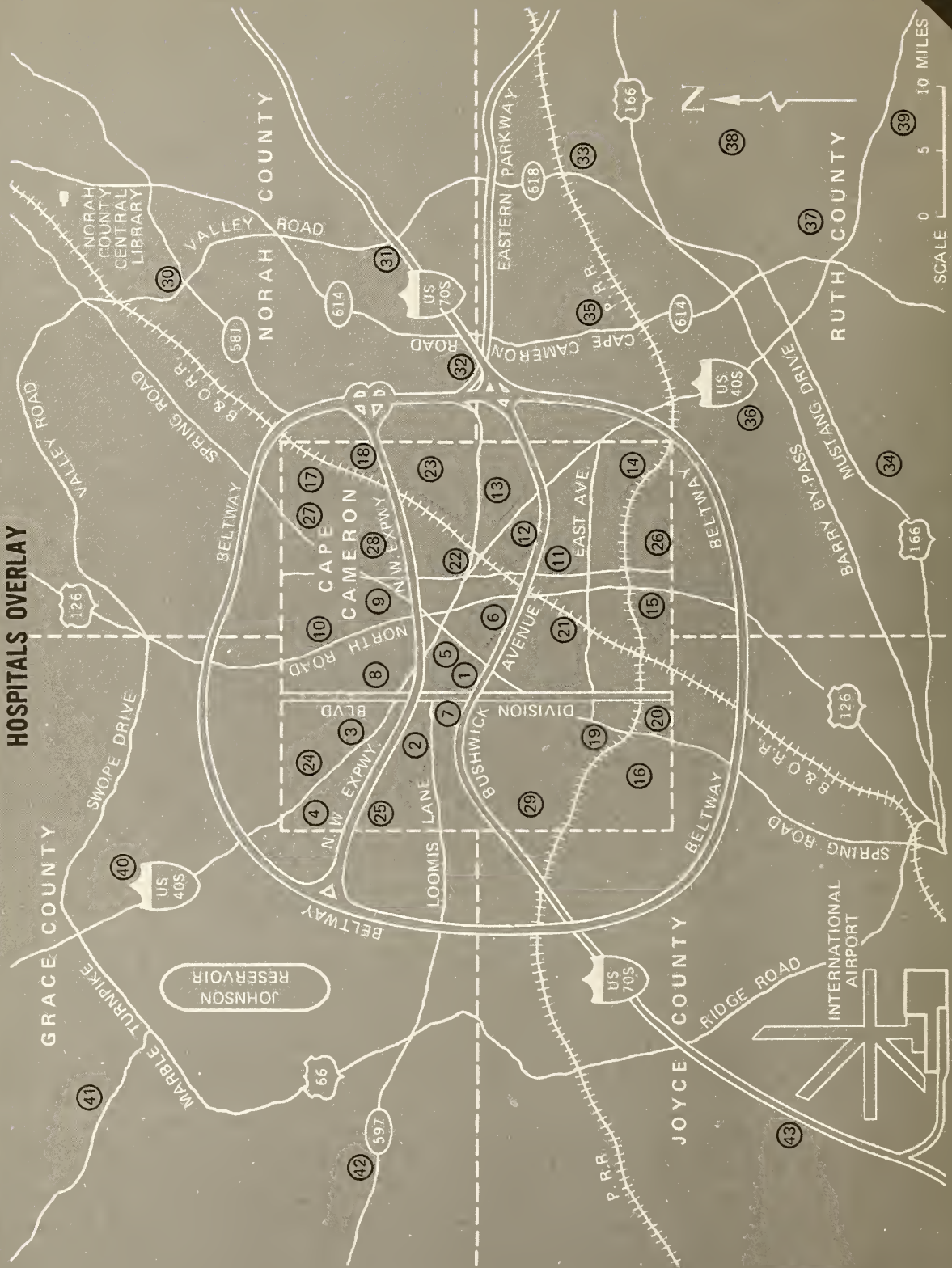
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SCALE 0 5 10 MILES

## CAPE CAMERON METROPOLITAN AREA

Locations of all CCMA health facilities and health item sources are recorded on a series of overlays to be superimposed, either singly or in combination, on a map of the area. (On the following pages each overlay is shown printed on the area map for illustrative purposes---Ed.)

# HOSPITALS OVERLAY



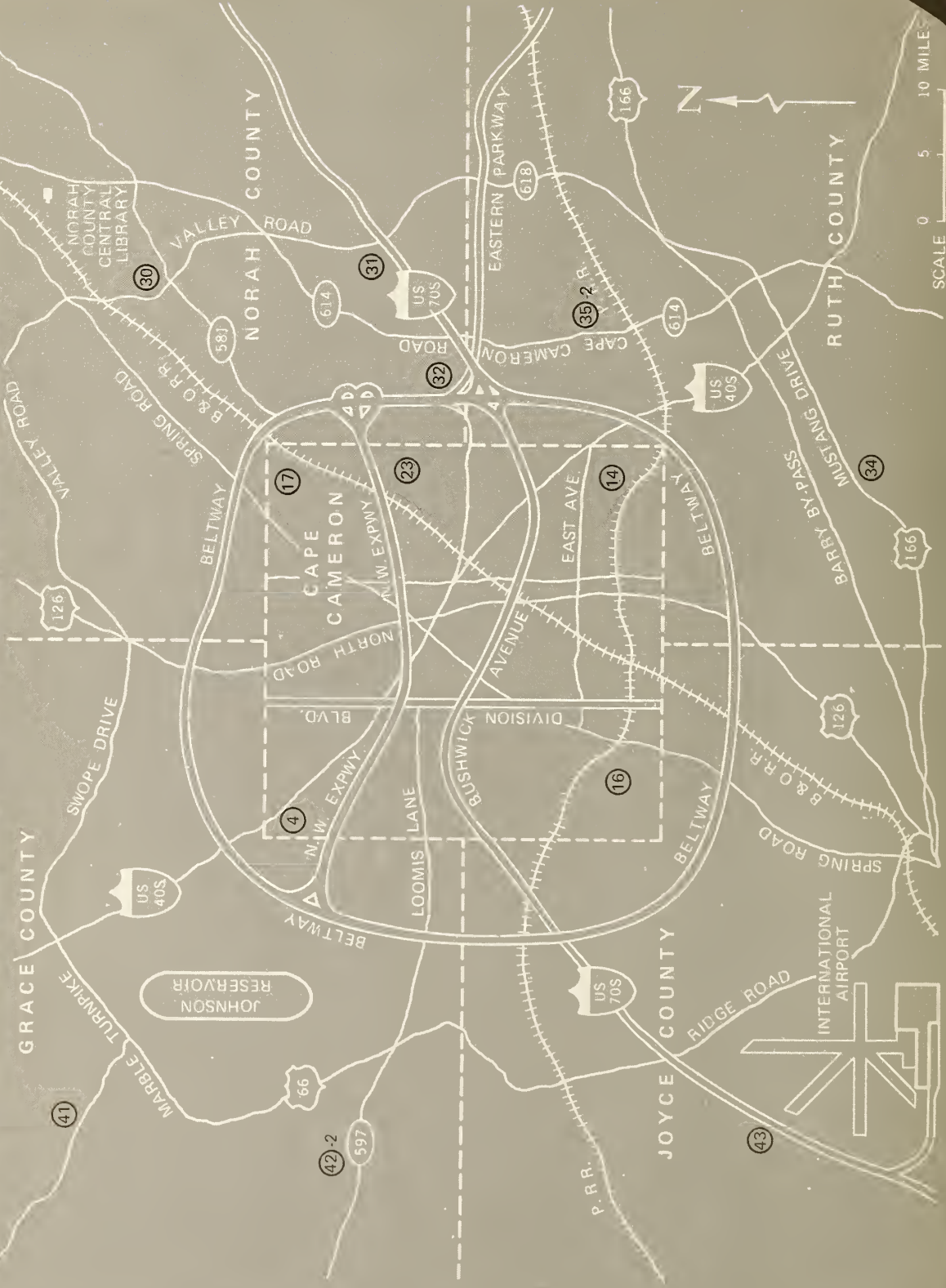
SCALE 0 5 10 MILES



LEGEND FOR HOSPITALS OVERLAY

<u>No.</u>	<u>Name and Service</u>	<u>Beds</u>	<u>No.</u>	<u>Name and Service</u>	<u>Beds</u>
1.	City (G)	1850	27.	State Sanitarium (Chronic)	419
2.	Newton (G)	260	28.	Dunn (NP)	300
3.	Powell (G)	275	29.	Veterans Administration (TB)	291
4.	Woodley (G)	171	30.	Abbot (G)	200
5.	Munson (G)	188	31.	Norah State Mental Hospital (NP)	1900
6.	University (G)	1028	32.	Veterans Administration (G)	377
7.	St. Ann's (G)	191	33.	Ruth State Mental Hospital (NP)	2764
8.	Calvin (G)	352	34.	Ruth State Sanitarium (TB)	500
9.	Kinsey (G)	270	35.	Citadel (State Mental Retardation)	2600
10.	Scott (G)	86	36.	Crane (G)	94
11.	Seeley (G)	137	37.	Ferguson (TB)	171
12.	Union (G)	364	38.	Hammond (Childrens)	60
13.	Temple (G)	235	39.	King (NP)	265
14.	Spencer (G)	441	40.	Lee (G)	63
15.	Memorial (G)	184	41.	Grace State Sanitarium (TB)	425
16.	Porter (G)	396	42.	Grace State Mental Hospital (NP)	3479
17.	Public Health Service (G)	366	43.	Madison (NP)	101
18.	State (G)	658			
19.	Griggs (EENT)	45			
20.	Hill House (Childrens)	50			
21.	Bradley (NP)	33			
22.	Central (Childrens)	69			
23.	Mt. Hope (Childrens)	81			
24.	Jones (Chronic)	94			
25.	Dell (Chronic)	205			
26.	St. Mary's (Chronic)	230			

**PACKAGED DISASTER HOSPITALS OPERATING SITES OVERLAY**





## PACKAGED DISASTER HOSPITALS OPERATING SITES OVERLAY

This overlay, used in conjunction with Hospitals Overlay, shows those hospitals which have responsibility for storing and using PDH's. These hospitals thus have the potential of adding 200 beds to their normal capacity.

-2 indicates assignment of two PDH's.

# NURSING AND CONVALESCENT HOMES OVERLAY



▷ NURSING AND CONVALESCENT HOMES

LEGEND FOR NURSING AND CONVALESCENT HOMES OVERLAY

<u>No.</u>	<u>Name</u>	<u>Beds</u>	<u>No.</u>	<u>Name</u>	<u>Beds</u>
1.	Seller's Rest Home	22	8.	James Lodge	12
2.	Safe Haven Home for the Aged	18	9.	Little Valley	30
3.	Mill's Nursing Home	15	10.	Sylvan Rest	28
4.	Blackfriars	20	11.	Mar-Jon Convalescent Home	40
5.	Tudor Manor	24	12.	Azalea Gardens Convalescent Home	25
6.	Bright Meadows	35	13.	College Hill Convalescent Home	100
7.	Rolling Hills Nursing Home	25			

# INDEPENDENT LABORATORIES AND BLOOD BANKS - OVERLAY



□ MEDICAL LABORATORIES

◇ BLOOD BANKS

LEGEND FOR INDEPENDENT LABORATORIES  
AND BLOOD BANK OVERLAY

1. Carson Laboratories  
895 Loyal Street
2. Del Ray Laboratory  
2400 Del Ray Blvd.
3. Ethical Laboratory  
3802 Loomis Lane
4. Frailing Pathology Laboratory  
Elmo Avenue and Nottingham Road
5. Industrial Biological Laboratories, Inc.  
451 South Stone Street
6. Metropolitan Blood Service Plan  
6779 College Street
7. Rex Laboratories  
5400 Ridge Road
8. State Blood Bank  
7492 West Bend Road

# SECONDARY INVENTORIES OVERLAY



- PHARMACIES
- ▲ WHOLESAL WAREHOUSES

SCALE 0 5 10 MILES

LEGEND FOR SECONDARY INVENTORIES OVERLAY \*

A. Surgical Dealers

1. Buck & Son  
2517 E. North Road
2. Kloman Instrument Co.  
907 Cherry Street
3. Murray-Baumgartner Surgical In-  
strument Co.  
105 W. Channing St.

B. Drug Wholesalers

4. Henry B. Gilpin Co.  
8500 Skyway Blvd.

\* Excerpt.

5. Lowey Drug Co. Inc.  
108 Hardrock Road

6. Muth Bros. & Co.  
2300 S. Mars Drive

C. Drug Stores and Pharmacies

There are a total of 478 drug stores and pharmacies in the SMSA. Inventories on hand average 3 day supply. The overlay includes only those facilities whose volume of drug business exceeds \_\_\_\_\_ dollars per month or a 5 day inventory of essential health survival items.









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